

Application for the AES Designation
from the Society of Financial Examiners
174 Grace Blvd., Altamonte Springs, FL 32714, (800) 787-SOFE

List below your name as you wish it to appear on your certificate:

1. Name _____

Mailing
Address _____

City/State/Zip _____

Phone during working hours (Area Code/Number/Ext) _____

E-Mail Address: _____

Date Application Completed _____

II. _____ I'm a AFE or CFE in good standing in the Society of Financial Examiners.

Or

_____ I have passed the following AFE courses offered by the Society.

AFE1 Life and Health Insurance Fundamentals

AFE2 Property and Liability Insurance Fundamentals

AFE3 Life and Health Insurance Accounting

AFE4 Property and Liability Insurance Accounting

III. Education:

I have provided proof of completion of one of the three options required for examinations through IDMA or ISACA and NAIC.

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III. Employment History:

(List former employment information to verify insurance department experience as required by the AES standards.)

Mo./Day/Yr.	Employer Name	Address	Phone #	Position
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Current Employer:

Date of Employment: Month _____ Day _____ Year _____

Department/Agency _____

Address _____

City/State/Zip _____

Phone# _____

Title/Positions _____

Description of Duties: Please show dates of employment, noting changes of work assignments
