

Application for the AES Designation  
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:

I. 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

Or

\_\_\_\_\_ I have passed both of the following AFE courses offered by the Society.

AFE1 Life and Health Insurance Fundamentals

AFE2 Property and Liability Insurance Fundamentals

III. I have provided proof of completion, with a passing grade, of the CISA examination and the NAIC System Proficiency Exam.

IV. Employment History:

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

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

Current Employer: 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

