

APPLICATION FOR RETIRED STATUS

Please complete this form and return to SOFE, 174 Grace Blvd, Altamonte Springs, FL 32714, for review by the Executive Committee at its next quarterly meeting.

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE

DISCIPLINE

SOFE DESIGNATION (circle one): CFE AFE AES

I hereby certify that I am retired and am no longer gainfully employed either directly or indirectly in the regulation or business of insurance, financial institutions, or credit unions, and that I either have worked for 30 years or more in regulatory service or am aged 55 years or older. I understand that, should I wish to return to work in the regulation or business of insurance, financial institutions, or credit unions in the future, I must notify the Society of Financial Examiners of my change in status and apply for reinstatement of my active status.

Signature

Date

Rev. 12/2000