



# SOCIETY OF FINANCIAL EXAMINERS™

## TEST REGISTRATION FORM

<b>NAME</b>	
<b>COMPANY NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE / FAX</b>	/
<b>EMAIL</b>	

I wish to sit for the following examination(s): (I am aware that I must complete all AFE examinations before I may take any CFE examinations.)

### AFE Courses

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> AFE1 – Life and Health Insurance Fundamentals        | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> AFE2 – Property and Liability Insurance Fundamentals | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> AFE3 – Life and Health Insurance Accounting          | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> AFE4 – Property and Liability Insurance Accounting   | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |

### CFE Courses

- |  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> CFE1 – Examination Methods and Management | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> CFE2 – Analysis and Evaluation Procedures | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> CFE3 – Reinsurance                        | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |
| <input type="checkbox"/> CFE4 – Financial Analysis                 | <input type="checkbox"/> New Exam | <input type="checkbox"/> Retake |

### Date

1. \_\_\_\_\_ Exam \_\_\_\_\_
- If taking more than one exam, complete the following:
2. \_\_\_\_\_ Exam \_\_\_\_\_
3. \_\_\_\_\_ Exam \_\_\_\_\_
4. \_\_\_\_\_ Exam \_\_\_\_\_

### Test Proctor

Name of Proctor: \_\_\_\_\_ Phone of Proctor: \_\_\_\_\_

Email of Proctor: \_\_\_\_\_

### Payment Information

#### Fee Schedule

- New Examination for Members \$150
- New Examination for Non-Members \$200
- Retest Fee for Members \$75
- Retest Fee for Non-Members \$100
- I am paying by check.
- I am paying by credit card and I will call the office at 800-787-7633 to provide that information.
- I am paying by credit card.

Please indicate credit card:     VISA     MASTER CARD     AMERICAN EXPRESS

Card Number: \_\_\_\_\_ Total Amount Included: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**CANCELLATION POLICY: Test registration fees are non refundable. If you are not able to take your test, you must reschedule for the next quarter and notify the SOFE office. If you are unable to reschedule, please contact the SOFE office.**

**Return form to: Society of Financial Examiners**  
 Mail to: 12100 Sunset Hills Rd., Ste. 130, Reston, VA 20190  
 Fax to: (703) 435-4390

Any questions, please feel free to contact SOFE staff via email [sofe@sofe.org](mailto:sofe@sofe.org) or by phone (800) 787-7633.