



SOCIETY OF FINANCIAL EXAMINERSSM

Retired Status Application

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.

Mail completed form to SOFE, 12100 Sunset Hills Road, Ste 130, Reston, VA 20190