



# SOCIETY OF FINANCIAL EXAMINERS®

## Application for the Accredited (AFE®) Designation

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

I. Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Personal Phone Number \_\_\_\_\_

Personal E-Mail Address \_\_\_\_\_

Date Application Completed \_\_\_\_\_

II. Education: (Please include copies of your college transcripts with this application)

College \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

AFE Requirements if not an accounting major:

Accounting Fundamentals I (3 hours) Date \_\_\_\_\_

Accounting Fundamentals II (3 hours) Date \_\_\_\_\_

Finance or Economics (3 hours) Date \_\_\_\_\_

AND

Business Law (3 hours) Date \_\_\_\_\_

OR

LOMA, CPCU, CLU Course (in lieu of Business Law) Date \_\_\_\_\_

I passed the necessary AFE courses offered by the Society.

<input type="checkbox"/>	AFE1 Life and Health Insurance Fundamentals	Date Passed _____	Score _____
<input type="checkbox"/>	AFE2 Property and Liability Insurance Fundamentals	Date Passed _____	Score _____
<input type="checkbox"/>	AFE3 Life and Health Insurance Accounting	Date Passed _____	Score _____
<input type="checkbox"/>	AFE4 Property and Liability Insurance Accounting	Date Passed _____	Score _____



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### III. Employment History:

Current Employer: \_\_\_\_\_

Date of Employment: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

Title/Positions \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List former employment information for the past five+ years to verify required insurance department experience)

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

IV. **Supervisor’s Verification:** To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, Director of Financial Institutions; Assistant Chief Examiner or Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current employment, please provide the necessary documents.

I, (supervisor) \_\_\_\_\_, have reviewed the preceding portion

of the application of (applicant’s name) \_\_\_\_\_.

The answers therein are true to the best of my knowledge and belief, and he/she has met the minimum requirement of two (2) years of *continuous, responsible insurance department examination experience as a financial analyst* in the last three (3) years.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Agency/ Contract Firm) (Address)



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V. Information required to mail letters of congratulations. Upon earning the AFE Designation SOFE will send a congratulatory letter and a certificate to your Chief Examiner or immediate supervisor. Please provide us with the name and complete mailing address of this individual:

Name/Designations \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Also for purposes of the Congratulatory Letter, please advise us of your gender:  Male  Female

- I am currently a General member of the Society of Financial Examiners in good standing and hereby apply for the AFE designation.
- I am currently not a member of the Society of Financial Examiners, and I have included my General membership application with my application request for the Accredited AFE designation.

### OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#). I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for this designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society relating to this designation. I understand that I must comply with the Society's Continuing Regulatory Education (CRE) program to achieve the necessary credit hours in order to maintain this designation. I comply and agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society. If the Society finds I have caused or assisted in causing the compromise of any designation, I understand and agree that I may be held liable to the Society for any monetary losses the Society may incur as a result of the compromise.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature