



# SOCIETY OF FINANCIAL EXAMINERS<sup>SM</sup>

## Retired Status Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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 or financial institutions 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 or financial institutions in the future, I must notify the Society of Financial Examiners of my change in status and apply for reinstatement of my active status.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_