



SOFE EXAM - PAY BY CHECK FORM

Please allow 2 weeks after mailing the completed form along with your check to plan to take your exam.

NAME	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE	
EMAIL	

Complete the following for the test(s) you wish to take.

The test date(s) selected above must be at least 2 weeks after the date the actual check and this form will be received by SOFE. Allow at least 10-12 business days for your check to be received and processed.

NOTE- You must pass all 4 AFE Tests before you may take any CFE Tests.

AFE Tests

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

CFE Tests

(Prerequisite for Registering: Passing All 4 AFE Tests)

- | | | |
|---|------------------------------|---------------------------------|
| CFE1 – Examination Methods and Management | <input type="checkbox"/> New | <input type="checkbox"/> Retake |
| CFE2 - Enterprise Risk Mgmt. | <input type="checkbox"/> New | <input type="checkbox"/> Retake |
| CFE3 – Reinsurance | <input type="checkbox"/> New | <input type="checkbox"/> Retake |
| CFE4 – Financial Analysis | <input type="checkbox"/> New | <input type="checkbox"/> Retake |

PROCTOR RESERVATION REQUIREMENT

In submitting this form, you certify that you have arranged for a SOFE approved Test Proctor to be present during your test(s) date(s) above.

PAYMENT INFORMATION - Pay by Check in US Funds for the Correct Amount:

- | | |
|--|--|
| <ul style="list-style-type: none"> ○ For Members: <ul style="list-style-type: none"> ○ \$200 for each New Test ○ \$150 for each Test Retake Member | <ul style="list-style-type: none"> ○ For Nonmembers: <ul style="list-style-type: none"> ○ \$275 for each New Test ○ \$210 for each Test Retake |
|--|--|

IMPORTANT –COMPLETE BOTH OF THESE STEPS:

Step 1: Copy the check and then MAIL the CHECK original with a copy of this FORM to SOFE’s Headquarters, addressed as follows:

SOFE
3505 Vernon Woods Drive
Summerfield, NC 27358

Step 2: Email a scanned COPY of the check with the form to sofe@sofe.org .

CANCELLATION POLICY: Test registration fees are nonrefundable. If you are unable to take your test on the date specified, you must coordinate with your proctor to reschedule your test for a later date than that specified above. By submitting this form, you certify that you are the individual named above and that you will adhere to the information indicated above.

Questions? Contact SOFE at sofe@sofe.org.