



SOCIETY OF FINANCIAL EXAMINERS®

PAY BY CHECK FORM: TESTS

This form is for use only if you are required to pay by check. Otherwise, payment is to be made online.

Form and CHECK Must Be RECEIVED at least 2 WEEKS IN ADVANCE OF TEST DATE*

NAME –(Print)	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE	
EMAIL(Print)	

Complete the following for the test(s) you wish to take. NOTE- You MUST pass all 4 AFE Tests before you may take any CFE Tests. You may check only one Category per test: (NOTE Dates must comply with test date availability below.)

AFE Tests

- AFE1 – Life and Health Insurance Fundamentals
- AFE2 – Property and Liability Insurance Fundamentals
- AFE3 – Life and Health Insurance Accounting
- AFE4 – Property and Liability Insurance Accounting

Category

- New Retake
- New Retake
- New Retake
- New Retake

- Date:* _____
- Date:* _____
- Date:* _____
- Date:* _____

CFE Tests (Prerequisite for Registering: Passing All 4 AFE Tests)

- CFE1 – Examination Methods and Management
- CFE2 - Enterprise Risk Mgmt.
- CFE3 – Reinsurance
- CFE4 – Financial Analysis

- New Retake
- New Retake
- New Retake
- New Retake

- Date:* _____
- Date:* _____
- Date:* _____
- Date:* _____

***TEST DATE AVAILABILITY**

- Note- If you PAY ONLINE for your tests, this form is not used, and tests can be taken any time convenient for you and your proctor. **Tests paid offline by check** require this form and **are not available on weekends, national holidays, during the week preceding, the week of, and the week immediately following, the SOFE CDS, and from mid December to the second week of January, plus any other dates noted at <http://www.sofe.org/testing/information.cfm>.**
- *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 at the lock box. For earlier test dates, you will need to PAY ONLINE for your test by credit card or by PayPal account.**

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:

Note: Fee deadlines are by test dates, which must comply with Test Date Availability requirements above.

- \$200 for each New Test for Members
- \$275 for each New Test for Nonmembers
- \$150 for each Retake for Members
- \$210 for each Retake for Nonmembers

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 lockbox, 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.

IN THE FUTURE, PAY ONLINE TO EXPAND YOUR TESTING DATE OPTIONS

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. The revised test date must meet the Test Date Availability parameters 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.