



SOCIETY OF FINANCIAL EXAMINERS™

Retired Status Application

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-Mail Address _____

SOFE Designation (circle one): CFE AFE AES None

I hereby certify that I am retired and am no longer gainfully employed either directly or indirectly in the regulation or business of insurance and that I either have worked for 25 years or more in regulatory service or am age 55 years or older. I understand that, should I wish to return to work in the regulation or business of insurance in the future, I must notify the Society of Financial Examiners of my change in status and apply for reinstatement of my active status by completing the Reactivation from Retirement Application.

If a member has been in Retired status for **over five years** and wishes to reactivate his/her membership and/or certification with SOFE, the Membership Committee will require the completion of 40 credit hours of continuing regulatory education (CRE) earned within the last 1 year prior to approving an Application for Reactivation from Retirement. The CRE courses must meet the current designation CRE requirements, must include the most recent NAIC Financial Condition Examiners Handbook or Financial Analysis Handbook, and must include Ethics training.

Signed _____

Date _____