

Joint Board for the Enrollment of Actuaries
Application for Enrollment

Read instructions before completing - Please type or print. Mail to Executive Director, Joint Board for the Enrollment of Actuaries, Department of the Treasury, Internal Revenue Service, Washington, DC 20224.

For Joint Board Use Only

Enrollment No.	Date Enrolled
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1. Name (Last, First, Middle)	2. Other Names Used (Including Maiden Name and Dates Used)	3. Social Security Number
4. Company Name	5. Home Address (Number, Street, City, State, ZIP Code)	6. Date of Birth (Month, Day, Year)
4a. Office Address		7. E-mail Address
4b. Telephone number		

8. Have you previously applied for enrollment by the Joint Board? Yes No

9. Have you read and are you familiar with the Joint Board's regulations? Yes No

10. Months of Experience Reported in Schedule A (See instructions on the back of this page)	Months
(A) Responsible Actuarial Experience from item (a) for all blocks of Schedule A	
(B) Responsible Pension Actuarial Experience from item (b) for all blocks of Schedule A	

11. On what basis do you believe that you meet the basic actuarial knowledge requirement of section 901.13(c) of the regulations?
 Joint Board basic examination. Month _____ Year _____
 Organization basic examination(s) (please complete item 13).
 Qualifying formal education (please complete Item 14). Have you requested all institutions involved to send transcripts to the Executive Director of the Joint Board as required? Yes No

12. On what basis do you believe that you met the pension actuarial requirement of section 901.13(d) of the regulations?
 Joint Board pension examination. Year _____
 Organization pension examination(s) (please complete Item 13).

13. List all actuarial organization examinations passed. (See instructions on the back of this page)	Name of Actuarial Organization	Exam Part No.	When Taken (month & year)	Name of Actuarial Organization	Exam Part No.	When Taken (month & year)

14. Education in Accredited College and/or University Name and Location (City and State)	Years Attended		Major Area of Concentration	Degree (B.A., etc)	Year of Degree
	From	To			

15. In the last 10 years or since your 18th birthday, if sooner, have you ever been convicted or fined for a crime under any revenue law or of a crime involving dishonesty or breach of trust? If yes, provide details on a separate page.
 Yes No

DECLARATION—I hereby apply to be enrolled as an actuary. I authorize the Joint Board to inquire about my qualifications and experience from educational institutions, employers, supervisors, actuarial organizations, and any other individuals who may have knowledge related to my qualifications and experience. I authorize all such institutions, employers, supervisors, organizations and others to provide any information requested concerning my education, employment experience and qualifications as an actuary.
 I hereby certify, that to the best of my knowledge, the statements contained in this application are correct. (See note on right)
 If I am enrolled, I agree to comply with all regulations of the Joint Board, including the Standards of Performance contained in section 901.20 thereof.

PLEASE NOTE—A willfully false statement or material omission in the execution of this application may be grounds for denial of your application or subsequent suspension or termination of your enrollment as an actuary. Under Title 18, United States Code, Section 1001 anyone who knowingly and willfully falsifies, conceals or covers up a material fact or anyone who uses a false document or statement knowing it to be false is subject to a fine of \$10,000 or five years imprisonment or both.

16. Signature	17. Date
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Instructions for Form 5434

General Instructions

Before filling out the Application for Enrollment (Form 5434), read the regulations (Parts 901 and 902 of Chapter VII of Title 20 of the Code of Federal Regulations); if you do not have a copy of these regulations, one may be obtained on request to the Executive Director, Joint Board for the Enrollment of Actuaries, Department of the Treasury, Internal Revenue Service, Washington, D.C. 20224.

Form 5434 should not be completed and submitted for consideration until you have, in your judgment, satisfied all the requirements for enrollment that are stated in section 901.13 of the regulations, including in particular the requirement for qualifying experience in section 901.13(b), the requirement for basic actuarial knowledge in section 901.13(c)

and the requirement for pension actuarial knowledge in section 901.13(d).

To take either or both of the examinations given by the Joint Board, you should submit an Application for Examination. The application form is available from the Society of Actuaries.

If you believe that you satisfy the basic actuarial knowledge requirement of section 901.13(c) because your formal education qualifies under the terms of section 901.13(c)(3), you should arrange to have all academic institutions involved send the appropriate transcripts to the Executive Director.

Instructions for Certain Items

Item 3. Providing your social security number, which will be used by the Joint Board for identification purposes only, is voluntary.

Item 10. You must have, within the 10-year period immediately preceding the date of your Application for Enrollment, either (1) a minimum of 36 months of responsible pension actuarial experience or (2) a minimum of 60 months of responsible actuarial experience including at least 18 months of responsible pension actuarial experience. The terms "actuarial experience", "responsible actuarial experience", "responsible pension actuarial experience", "month of responsible actuarial experience", and "month of responsible pension actuarial experience" are defined in section 901.1 of the regulations. You should account in Schedule A for all such experience within the last 10 years.

Item 13. List the examination(s) which you have passed of any actuarial organization that is being presented as satisfying section 901.13(c) and (d). If an examination has been passed in more than one part, list all the parts.

Item 14. If none, enter "none"

Schedule A. If employment for an employer consisted of two (or more) periods, one of which consisted of responsible pension actuarial experience and the other(s) did not, treat this as different periods of employment in separate blocks of Schedule A. Attach additional Schedules A if needed to account for the entire 10 years before application. Duplicated copies of Schedule A may be used or additional copies of Schedule A may be obtained from the Executive Director. The Joint Board anticipates that the individual(s) who will be asked to verify and evaluate your experience will generally be your supervisor(s). However, if you feel that some other individual(s) would be better able than your immediate supervisor to verify and evaluate your experience, please explain and then provide the appropriate name(s) and address(es) in addition to the name and address of the immediate supervisor. If you believe it is appropriate for several individuals to verify and evaluate your experience for anyone block of experience for different periods of time, provide the names of all such individuals, their addresses, and their positions.

Paperwork Reduction Act Notice

We are requesting the information to determine the qualifications for enrollment to perform actuarial services under the Employee Retirement Income Security Act of 1974. The information is required for those who wish enrollment to perform these services.

You are not required to provide the information requested on a form that is subject to the Paperwork reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code Section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 1 hour.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to gear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT SEND THE FORM TO THIS ADDRESS.** Instead, mail it to the address in the instructions.

Employment Record-Schedule A

Start with your PRESENT position and work back. Account for the entire period since your completion of full time studies and within the last 10 years. Account for periods of self-employment in separate blocks in order.

Block 1	1. Dates of Employment (<i>Month, Year</i>) From _____ To _____	2. Exact Title of Position	3. Kind of Business or Organization
4. Final Annual Salary or Earnings <input type="checkbox"/> Over \$25,000 <input type="checkbox"/> Other (specify) \$ _____	5. Avg. Hrs. per Week	6. Location of Office City: _____ State: _____	7. Name and title of individual to whom you reported and who can verify and evaluate your experience.
8. Name of Employer (<i>Firm, Organization, etc.</i>) and Full Mailing Address			9. Area Code and Telephone Number (<i>If Known</i>)

10. In your own words, describe IN DETAIL your actual duties and responsibilities in the above employment. When more than one type of work is included, estimate the proportion of the total period devoted to each type.

(a) How many months of this employment constitute "responsible actuarial experience" as defined in section 901.1(c) of the regulations?
_____ months

(b) How many months of "responsible pension actuarial experience" as defined in section 901.1(e) of the regulations are included in (a) above?
_____ months

(c) Did the experience in (b) above involve performance or supervision of actuarial valuations for defined benefit pension plans (other than valuation of contractual liabilities of an insurance company)? Yes No

If yes, estimate how many such plans. _____

If yes, did you participate in the determination that the methods and assumptions adopted and the procedures followed were appropriate?

Yes No

Employment Record-Schedule A (Cont.)

Continue to account for the entire period of your employment since your completion of full time studies and within the last 10 years. **NUMBER** each continuation sheet, working backward, in the space marked 'BLOCK.'

1. Dates of Employment (<i>Month, Year</i>) From _____ To _____	2. Exact Title of Position	3. Kind of Business or Organization
4. Final Annual Salary or Earnings <input type="checkbox"/> Over \$25,000 <input type="checkbox"/> Other (specify) \$ _____	5. Avg. Hrs. per Week	6. Location of Office City: _____ State: _____
7. Name and title of individual to whom you reported and who can verify and evaluate your experience.		8. Name of Employer (<i>Firm, Organization, etc.</i>) and Full Mailing Address
9. Area Code and Telephone Number (<i>If Known</i>)		

In your own words, describe IN DETAIL your actual duties and responsibilities in the above employment. When more than one type of work is included, estimate the proportion of the total period devoted to each type.

- (a) How many months of this employment constitute "responsible actuarial experience" as defined in section 901.1(c) of the regulations?
 _____ months
- (b) How many months of "responsible pension actuarial experience" as defined in section 901.1(e) of the regulations are included in (a) above?
 _____ months
- (c) Did the experience in (b) above involve performance or supervision of actuarial valuations for defined benefit pension plans (other than valuation of contractual liabilities of an insurance company)? Yes No
- If yes, estimate how many such plans. _____
- If yes, did you participate in the determination that the methods and assumptions adopted and the procedures followed were appropriate?
 Yes No