



Actuaries  
Institute.

# Membership Application Form

The Actuaries Institute accepts applications for a range of membership categories – including Accredited, Affiliate, and General Members.

## Points to note

- a) Applicants should visit [www.actuaries.asn.au](http://www.actuaries.asn.au) for full details of our eligibility criteria and membership fee information
- b) All sections marked with \* must be answered
- c) The collection, use and disclosure of personal information is subject to our Privacy Policy, which is available at [www.actuaries.asn.au/utills/privacy-policy](http://www.actuaries.asn.au/utills/privacy-policy)
- d) Processing your application can take up to two weeks
- e) Please take care when completing this form as incomplete, incorrect and illegible applications will take longer to process
- f) If you are applying for General membership, the Institute will only accept original or scanned certified copies of academic records and/or proof of university enrolment to be submitted with this application. Only scanned certified copies are accepted if you are submitting your application via email.

A scanned certified copy is a document that has been signed by one of the following: JP, Actuary, Accountant, Barrister, Solicitor, Police Officer, Postal Manager or Medical Practitioner.

## Instructions for completing this form

- a) Tick the appropriate membership category for which you are applying  
a) Complete sections 1, 4, 7 and specific additional sections as outlined below

| Membership Category   | Additional sections to be completed   |
|---|---|
| <input type="checkbox"/> Fellow / Accredited<br><br>Actuaries who have qualified overseas can apply for Fellow / Accredited membership. Full details of our Fellow / Accredited Membership Policy can be found on page 9.   | <ul style="list-style-type: none"> <li>• section 2</li> <li>• section 5.1, 5.2 and 5.3</li> <li>• section 6.3</li> </ul> Applicants must read the Policy Statement on page 9.<br>Applicants must attach a certified copy of their Fellowship Certificate. |
| <input type="checkbox"/> Associate<br><br>Associate Members who have qualified through examination with either the Actuarial Society of South Africa or the Canadian Institute of Actuaries.  | <ul style="list-style-type: none"> <li>• section 2</li> <li>• section 5.1 and 5.2</li> <li>• section 6.1A</li> </ul> Applicants must attach a certified copy of their Associate Certificate.  |
| <input type="checkbox"/> Affiliate<br><br>An Affiliate Member has a keen interest in the actuarial profession or the education, professional development or public policy program of the Institute.<br><br>An Affiliate Member may also be a member of another actuarial organisation that has a mutual recognition agreement with the Institute, or is a member of the International Actuarial Association Profession. | <ul style="list-style-type: none"> <li>• section 2</li> <li>• section 6.1</li> <li>• for members of an actuarial organisation: section 5.1.</li> </ul> Applicants must attach a certified copy of their academic transcript.                              |
| <input type="checkbox"/> General<br><br>A General Member joins to enrol in the Institute's education program..<br>If you are applying as a full-time student, you are eligible for a subsidised membership when proof of enrolment is provided.   | <ul style="list-style-type: none"> <li>• section 2 or 3</li> <li>• section 6.2</li> </ul> Applicants must attach a certified copy of their academic transcript, and proof of full-time enrolment (if applicable).   |



Membership ID No.

**Section 1: Personal and contact details\* (to be completed by all applicants)**

|             |                             |                              |                               |                             |                             |   |                      |
|-------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|---|----------------------|
| Title       | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Other (please specify) | <input type="text"/> |
| Given Name  | <input type="text"/>        |                              |                               | Middle Name(s)              | <input type="text"/>        |   |                      |
| Family Name | <input type="text"/>        |                              |                               | Preferred Name              | <input type="text"/>        |   |                      |

**Business Address**

|                |                      |            |                      |           |                      |
|----------------|----------------------|------------|----------------------|-----------|----------------------|
| Position/Title | <input type="text"/> |            |                      |           |                      |
| Organisation   | <input type="text"/> |            |                      |           |                      |
| Address        | <input type="text"/> |            |                      |           |                      |
| Town/Suburb    | <input type="text"/> | State      | <input type="text"/> | Post Code | <input type="text"/> |
| Country        | <input type="text"/> |            |                      |           |                      |
| Telephone      | <input type="text"/> | Work Email | <input type="text"/> |           |                      |

**Billing Address (if different from above)**

|             |                      |       |                      |           |                      |
|-------------|----------------------|-------|----------------------|-----------|----------------------|
| Address     | <input type="text"/> |       |                      |           |                      |
| Town/Suburb | <input type="text"/> | State | <input type="text"/> | Post Code | <input type="text"/> |
| Country     | <input type="text"/> |       |                      |           |                      |

**Home Address**

|                                       |                               |                                 |                      |                      |                                   |
|---------------------------------------|-------------------------------|---------------------------------|----------------------|----------------------|-----------------------------------|
| Address                               | <input type="text"/>          |                                 |                      |                      |                                   |
| Town/Suburb                           | <input type="text"/>          | State                           | <input type="text"/> | Post Code            | <input type="text"/>              |
| Country                               | <input type="text"/>          |                                 |                      |                      |                                   |
| Telephone                             | <input type="text"/>          | Fax                             | <input type="text"/> |                      |                                   |
| Mobile                                | <input type="text"/>          | Personal Email                  | <input type="text"/> |                      |                                   |
| Gender                                | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth        | <input type="text"/> | <input type="text"/> (dd/mm/yyyy) |
| Nationality                           | <input type="text"/>          |                                 |                      |                      |                                   |
| Languages spoken (other than English) | <input type="text"/>          |                                 |                      |                      |                                   |

**Preferred mailing address**

**Preferred email address**

|                                   |                                  |                               |                               |                                   |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Billing | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Personal |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|-----------------------------------|

**Reason for application (if applicable):**

|   |   |
|---|---|
| <input type="checkbox"/> Part I distance examinations enrolment | <input type="checkbox"/> Part III enrolment |
|---|---|

## Section 2: Qualifications

### OTHER ACADEMIC QUALIFICATIONS WITH POST NOMINALS

List all tertiary qualifications completed, years attained and the name and country of the educational institution attended. Verified copies or original transcripts must be enclosed with this application. Scanned, certified copies are acceptable if you are submitting your application via email.

|                |  |             |              |  |
|----------------|--|-------------|--------------|--|
| Qualification  |  |             | Abbreviation |  |
| Date Completed |  | Institution |              |  |
| Country        |  |             |              |  |

## Section 3: Education Program (to be completed by applicants for General membership only)

### Section 3.1: (to be completed by applicants currently studying)

I am currently enrolled as a full-time student in an actuarial studies course at:

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Australian National University | <input type="checkbox"/> Bond University            | <input type="checkbox"/> Curtin University of Technology |
| <input type="checkbox"/> Macquarie University           | <input type="checkbox"/> Monash University          | <input type="checkbox"/> University of Melbourne         |
| <input type="checkbox"/> University of New South Wales  | <input type="checkbox"/> Victoria Uni of Wellington |  |
| <input type="checkbox"/> Other (please specify)         |   |  |
| Degree being studied                                    |   |  |

### Section 3.2

Please complete the following section if you have:

1. Completed your degree in actuarial studies and
2. Graduated from one of the Institute's accredited universities and
3. Given the University permission to mail the Institute your eligibility for exemption letter

| Subject                                    | Eligible for exemption   | University that recommended the exemption | Year course completed |
|--|--------------------------|---|-----------------------|
| CS1 - Actuarial Statistics                 | <input type="checkbox"/> |   |                       |
| CS2 - Risk Modelling and Survival Analysis | <input type="checkbox"/> |   |                       |
| CM1 - Actuarial Mathematics for Modelling  | <input type="checkbox"/> |   |                       |
| CM2 - Economic Modelling                   | <input type="checkbox"/> |   |                       |
| CB1 - Business Finance                     | <input type="checkbox"/> |   |                       |
| CB2 - Business Economics                   | <input type="checkbox"/> |   |                       |

If you have completed any of the above subjects through the [Institute and Faculty of Actuaries](#), you may be eligible for a direct credit transfer at no cost. To apply, submit an Application for Credit Transfer available [here](#).

If you have completed your degree from a non-accredited university and wish to apply for an exemption you will need to submit an Application for Exemption available [here](#).

#### Section 4: Practice Areas\* (to be completed by all applicants)

To allow us to more closely tailor our services to your needs, please rank your primary practice area(s) or area(s) of interest as 1, 2 and/or 3 only.

| Primary Practice Area           | Rank                 | Employment Status    | Rank                 |
|---------------------------------|----------------------|----------------------|----------------------|
| Banking                         | <input type="text"/> | Student – Part-time  | <input type="text"/> |
| Climate and Sustainability      | <input type="text"/> | Student – Full-time* | <input type="text"/> |
| Data Science and AI             | <input type="text"/> | Employed             | <input type="text"/> |
| Education                       | <input type="text"/> | Not working          | <input type="text"/> |
| Finance                         | <input type="text"/> | Retired              | <input type="text"/> |
| General Insurance               | <input type="text"/> |                      |                      |
| Health                          | <input type="text"/> |                      |                      |
| Information Technology          | <input type="text"/> |                      |                      |
| Investment and Funds Management | <input type="text"/> |                      |                      |
| Life Insurance                  | <input type="text"/> |                      |                      |
| Management                      | <input type="text"/> |                      |                      |
| Non Actuarial                   | <input type="text"/> |                      |                      |
| Other                           | <input type="text"/> |                      |                      |
| Reinsurance                     | <input type="text"/> |                      |                      |
| Risk Management                 | <input type="text"/> |                      |                      |
| Superannuation and Investments  | <input type="text"/> |                      |                      |
| Wealth Management               | <input type="text"/> |                      |                      |

\* If you have chosen Student - Full-time you will need to attach proof of current enrolment from your university. The proof of current enrolment document should show your full name, the name of your university, the name of the course you are studying and the enrolled subjects for the current year. It can be one of the following:

1. a signed letter on university letterhead confirming your name, course and full-time enrolment for the current year
2. a summary of full time enrolment stamped and signed by your university

The membership team will not accept Confirmation of Enrolment (CoE) from the Department of Education and Training or student photo ID.

#### For members receiving reduced subscription fees only

Members who select this option are reminded of section 4.2.1 of the Code of Professional Conduct: A member must act with integrity, honesty and due care, and in a manner that seeks to uphold the reputation of the profession.

I confirm that, for the current financial year, I expect that my total taxable income will be less than \$95,000 (including superannuation and expected bonuses). The Institute may seek to verify this at a later date.

Signature

## Section 5: Required qualification information

### Section 5.1: (to be completed by Fellows / Accredited or Associates of the following)

I am currently a financial Fellow of:

- ☐ Actuarial Society of South Africa (ASSA)
- ☐ Canadian Institute of Actuaries (CIA)
- ☐ Casualty Actuarial Society (CAS)
- ☐ Institute of Actuaries of India (IAI)
- ☐ Institute of Actuaries of Japan (IAJ)
- ☐ Institute and Faculty of Actuaries (IFOA)
- ☐ New Zealand Society of Actuaries (NZSA)
- ☐ Society of Actuaries (SOA)
- ☐ Society of Actuaries in Ireland (SAI)
- ☐ Other

I attained this status in

I am currently a financial Associate:

- ☐ Actuarial Society of South Africa
- ☐ Canadian Institute of Actuaries

I attained this status in

### Section 5.2: (to be completed by applicants for Fellow /Accredited or Associate membership)

I qualified as a Fellow by examination through the:

- ☐ Actuarial Society of India (IAI)
- ☐ Actuarial Society of South Africa (ASSA)
- ☐ Casualty Actuarial Society (CAS)
- ☐ Canadian Institute of Actuaries (CIA)
- ☐ Institute and Faculty of Actuaries (IFOA)
- ☐ Society of Actuaries (SOA)
- ☐ Society of Actuaries in Ireland (SAI)
- ☐ Other

I attained this status in

I qualified as an Associate by examination through the:

- ☐ Actuarial Society of South Africa
- ☐ Canadian Institute of Actuaries

I attained this status in

### Section 5.3: (to be completed by applicants for Fellow / Accredited membership)

I completed a recognised Professionalism Course within the last five years conducted by:

|                          |  |  |  |              |                     |  |
|--------------------------|--|--|--|--------------|---------------------|--|
| Name of the organisation |  |  |  |              |                     |  |
| Date*                    |  |  |  | (dd/mm/yyyy) | of (location, city) |  |
| Signature                |  |  |  |              |                     |  |

\*Please note, Professionalism Courses completed more than five years ago will not be considered. To complete the Professionalism Course, please see the following page on our website:

<https://www.actuaries.asn.au/learning/cpd-elearning-courses/professionalism-elearning-course>.

Alternatively, you can complete one of the following recognised Professionalism Courses:

- Institute and Faculty of Actuaries (IFoA) Professional Skills Course (can be completed online);
- Society of Actuaries (SoA) Fellowship Admissions Course; and
- Actuarial Society of South Africa's (ASSA) Fellowship Professionalism Course.

### Section 6: Referees\*

To be completed by two referees.

#### Section 6.1: (to be completed by Associate or Affiliate membership applicants, please complete A or B)

A. Associate or Affiliate applicants who are members of other actuarial organisations that hold a mutual recognition agreement with the Institute, or who are members of the International Actuarial Association.

|                          |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| Name of the organisation |  |  |  |  |  |
| Membership status        |  |  |  |  |  |

A referee can be anyone over the age of 18 years who is not a member of the applicant's family and who has known the applicant for at least 12 months.

We the undersigned consider that the applicant is suitable for membership of a professional body and is a person who could be relied upon to maintain the standards of the Institute.

#### Referee 1

|             |  |       |  |              |           |  |
|-------------|--|-------|--|--------------|-----------|--|
| Title       |  | Name  |  |              |           |  |
| Address     |  |       |  |              |           |  |
| Town/Suburb |  | State |  | Post Code    |           |  |
| Country     |  | Email |  |              |           |  |
| Occupation  |  |       |  |              |           |  |
| Date        |  |       |  | (dd/mm/yyyy) | Signature |  |

#### Referee 2

|             |  |       |  |              |           |  |
|-------------|--|-------|--|--------------|-----------|--|
| Title       |  | Name  |  |              |           |  |
| Address     |  |       |  |              |           |  |
| Town/Suburb |  | State |  | Post Code    |           |  |
| Country     |  | Email |  |              |           |  |
| Occupation  |  |       |  |              |           |  |
| Date        |  |       |  | (dd/mm/yyyy) | Signature |  |

B. Affiliate applicants who hold professional qualifications in a related field and who are nominated by two Fellows of the Institute. We the undersigned consider that the applicant is suitable for Affiliate membership with the Institute and is a person who could be relied upon to maintain the standards of membership of the Institute.

**Referee 1**

|             |  |  |       |              |           |
|-------------|--|--|-------|--------------|-----------|
| Title       |  |  | Name  |              |           |
| Address     |  |  |       |              |           |
| Town/Suburb |  |  | State |              | Post Code |
| Country     |  |  | Email |              |           |
| Occupation  |  |  |       |              |           |
| Date        |  |  |       | (dd/mm/yyyy) | Signature |

**Referee 2**

|             |  |  |       |              |           |
|-------------|--|--|-------|--------------|-----------|
| Title       |  |  | Name  |              |           |
| Address     |  |  |       |              |           |
| Town/Suburb |  |  | State |              | Post Code |
| Country     |  |  | Email |              |           |
| Occupation  |  |  |       |              |           |
| Date        |  |  |       | (dd/mm/yyyy) | Signature |

**Section 6.2: (General membership applicants)**

A referee can be anyone over the age of 18 years who is not a member of the applicant's family and who has known the applicant for at least 12 months.

We the undersigned consider that the applicant is suitable for membership of a professional body and is a person who could be relied upon to maintain the standards of the Institute.

**Referee 1**

|             |  |  |       |              |           |
|-------------|--|--|-------|--------------|-----------|
| Title       |  |  | Name  |              |           |
| Address     |  |  |       |              |           |
| Town/Suburb |  |  | State |              | Post Code |
| Country     |  |  | Email |              |           |
| Occupation  |  |  |       |              |           |
| Date        |  |  |       | (dd/mm/yyyy) | Signature |

**Referee 2**

|             |  |  |       |              |           |
|-------------|--|--|-------|--------------|-----------|
| Title       |  |  | Name  |              |           |
| Address     |  |  |       |              |           |
| Town/Suburb |  |  | State |              | Post Code |
| Country     |  |  | Email |              |           |
| Occupation  |  |  |       |              |           |
| Date        |  |  |       | (dd/mm/yyyy) | Signature |

### Section 6.3: (to be completed by Fellow / Accredited membership applicants)

To be completed by two Fellows of the Institute.

We the undersigned consider that the applicant is suitable for membership of a professional body and is a person who could be relied upon to maintain the standards of the Institute.

|              |  |
|--------------|--|
| I (Name)     |  |
| and I (Name) |  |

certify that the applicant has worked and resided in Australia (or New Zealand, for Fellows of the New Zealand Society of Actuaries) for at least six months, and in our view has the requisite actuarial experience and knowledge of Australian conditions. Accordingly, we recommend that the applicant be accepted as an Accredited Member of the Actuaries Institute.

|      |                      |                      |                      |              |           |  |
|------|----------------------|----------------------|----------------------|--------------|-----------|--|
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | (dd/mm/yyyy) | Signature |  |
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | (dd/mm/yyyy) | Signature |  |

### Statement of Responsibility (to be completed by one of the nominating Fellows)

|          |  |
|----------|--|
| I (Name) |  |
|----------|--|

am satisfied that the above named applicant understands the Actuaries Institute's Code of Professional Conduct and all Professional Standards and mandatory Guidance Notes.

|      |                      |                      |                      |              |           |  |
|------|----------------------|----------------------|----------------------|--------------|-----------|--|
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | (dd/mm/yyyy) | Signature |  |
|------|----------------------|----------------------|----------------------|--------------|-----------|--|

### Section 7: Declaration\* (to be completed by all applicants)

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Have you, at any time, been convicted of an indictable offence or are you currently charged with an indictable offence?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you, at any time, been found to have acted fraudulently or dishonestly by any court or tribunal of competent jurisdiction in Australia or elsewhere for an offence of any kind? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever been subject to disciplinary action by a statutory, professional or other body in respect of your professional capacity?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you presently under any sequestration or bankruptcy order of the court or have you presently made an assignment for the benefit of creditors?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you have answered "YES" to any of the above please attach details (including details of the outcome)

I hereby apply for membership of Actuaries Institute (the Institute). I understand that I have no voting rights of the Institute unless I become a Fellow.

I agree as a condition of membership to be bound by the [Constitution of the Institute](#)\*, the [Disciplinary Scheme](#)\*, the [Code of Professional Conduct](#)\* and all [Professional Standards](#)\* and mandatory Guidance Notes\* in force from time to time. (\*these documents can be downloaded from [www.actuaries.asn.au](http://www.actuaries.asn.au))

For the calendar year I will comply with the [CPD requirements](#) if applicable to my member category.

I agree to the Institute's collection, use and disclosure of my personal information in accordance with the Institute's [Privacy Policy](#)\* including:

- the use of my preferred mailing address (as provided to the Institute) for receipt of information from the Institute or via its appointed mailing house;
- inclusion of my business contact details (as provided to the Institute) on the password protected Members' section of the Institute website for use by other Members; and
- the use of my nominated preferred mailing address (as provided to the Institute) by any international actuarial association with whom I hold a subscription through the Institute and agree to the Institute disclosing these details and my membership of the Institute to those associations.

I give the Institute permission to contact another actuarial association if necessary to obtain:

- confirmation that I am a member of that body in good standing; and
- details of any disciplinary actions taken against me.

Date    (dd/mm/yyyy) Applicant's Signature

#### Payment details\* (to be completed by all applicants)

Total Payment Amount \$

- ☐ **EFT / Bank Transfer;** an invoice will be sent to your email address displaying the Institute's bank details. Invoice payable by yourself, or by your company on your behalf.
- ☐ **Credit Card;** via the Actuaries Institute Membership Portal. You will be contacted via email when your membership is invoice available and ready to be paid.

Please send applications to:

E: [memberservices@actuaries.asn.au](mailto:memberservices@actuaries.asn.au)

The Actuaries Institute currently holds mutual recognition agreements with the following actuarial associations:

- Actuarial Society of South Africa (ASSA)
- Casualty Actuarial Society (CAS)
- Canadian Institute of Actuaries (CIA)
- Institute and Faculty of Actuaries (IFA)
- Institute of Actuaries of India (IAI)
- Society of Actuaries (SoA)
- Society of Actuaries in Ireland (SAI)

Fellows who have qualified through examination at one of these associations may be accepted as Fellow or Accredited Member of the Actuaries Institute if they satisfy the following conditions:

- (1) Are a current financial Fellow of one of the above-mentioned bodies.
- (2) Have been resident and working in Australia for at least six months\* and gained suitable experience in local actuarial practice.  
\* Your individual circumstances may qualify as an exemption for this requirement. Please speak to our Member Services Team.
- (3) Have completed a recognised Professionalism Course within the previous five years (or earlier at the discretion of the Council). For this purpose, recognised Professionalism Courses include those of the Actuaries Institute and the above-mentioned associations.
- (4) One of the Fellows signing their nomination form must be satisfied that the applicant understands the Actuaries Institute Code of Professional Conduct, and all Professional Standards and Mandatory Guidance Notes.

Fellows of the New Zealand Society of Actuaries may work and reside in either Australia or New Zealand.

### Transferring of Accredited Membership to Fellowship

Fellows of the above-mentioned associations who have been accepted as Accredited Members may transfer to become a Fellow of Actuaries Institute (FIAA) after a waiting period of six months, during which time they must work and reside in Australia. You will need to complete the [Transfer from Accredited Member to Fellow](#) as this is not done automatically.

Fellows of the New Zealand Society of Actuaries may reside and work in Australia or New Zealand during the six month waiting period.

Members of other non-MRA qualifying actuarial association(s)\*\* are required to satisfy a minimum waiting period of three years, during which time they must reside and work in Australia and maintain current financial membership as a Fellow of their overseas body.

\*\* non-MRA qualifying actuarial associations are subject to formal approval.

### Guidelines for Fellows from actuarial associations without a Mutual Recognition Agreement (Non-MRA) to join as an Accredited Member.

Fellows who have qualified through actuarial associations that have not signed a Mutual Recognition Agreement (MRA) with the Institute may apply for special consideration for accredited membership.

Such applications will be considered on a case-by-case basis by Council on the recommendation of the Institute's Chief Executive Officer.

Generally, an applicant would have:

- qualified as a Fellow via a pathway that is equivalent to the qualifying Actuaries Institute curriculum.
- been residing and working in Australia and/or New Zealand and have done so for at least three years to gain suitable experience in local actuarial practice;
- completed a recognised Professionalism course within the previous 12 months; and
- maintained the currency of their membership of the relevant overseas actuarial association.

Applications from persons without such qualification are still welcomed.

Whilst not mandated, the following types of supporting documentation would be of assistance to the Chief Executive Officer and Council in considering an application:

- a letter to Council illustrating work experience and any other achievements; evidence of actuarial education qualification; and
- supporting references from one or more senior Fellows of the Actuaries Institute (for example, a Fellow who is an Appointed Actuary or working in a senior actuarial role), commenting on the applicant's actuarial experience and knowledge of Australian conditions.

Unsuccessful applications may be resubmitted in 12 months time, provided any requirements stipulated by Council have been met, however the Chief Executive Officer or Council may request further information.

[Actuaries Institute](#)

ABN 69 000 423 656

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264 George Street, Sydney NSW 2000

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E [memberservices@actuaries.asn.au](mailto:memberservices@actuaries.asn.au)

W [actuaries.asn.au](http://actuaries.asn.au)