



Reinstatement Form

Complete this form to reinstate your Actuaries Institute membership, at the same membership category from the date membership was last held. Please see the Institute's Reinstatement Guidelines on compulsory details required for your member category.

The Institute's membership year is from 1 October to 30 September. Member subscription ends on 30 September each year, irrespective of when you join.

Reinstatement forms to be sent to memberservices@actuaries.asn.au.

Personal details			
Previous Membership Number (if known)		<input type="text"/>	
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"/>	
First Name	<input type="text"/>	Middle Name(s)	<input type="text"/>
Family Name	<input type="text"/>	Preferred Name	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Primary Email Address		<input type="text"/>	
Alternate Email Address		<input type="text"/>	
Your primary email will be recorded as the address which correspondence will be sent. Your alternate contact details will be used to communicate with you should we have difficulty contacting you at your preferred contact details.			
Residential 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"/>	Mobile	<input type="text"/>

Employment

Company name				Position/Job Title				
Residential Address								
Town/Suburb			State			Postcode		
Country								
Working status	<input type="checkbox"/> Student – Full Time*	<input type="checkbox"/> Employed	<input type="checkbox"/> Not working	<input type="checkbox"/> Retired				
Preferred postal address	<input type="checkbox"/> Residential	<input type="checkbox"/> Company						

* Full time students must attach proof of current enrolment from their university. The proof of current enrolment document should show your full name, the name of your university, the name of the course, and the enrolled subjects for the current year.

It can be one of the following:

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

Are you eligible to receive a reduced subscription fee?:

Members who expect to earn less than \$95,000 per annum including bonuses from 1 July to 30 June can apply for a reduced fee. The threshold is 90% AWOTE, rounded to the nearest \$5,000. In determining their eligibility, Members are politely 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.*

☐ Yes I confirm that for the coming year I expect to earn \$95,000 p.a. or less including expected bonuses and I acknowledge and agree that I may be subject to a random audit conducted by the Institute at a later date, to verify my total taxable income for that period.

Please note: you will need to declare your income for each membership subscription year to be eligible for a reduced fee.

Signature Date ☐ No – Next section

Why did you resign or allow your membership to lapse?

To assist us in analysing membership trends and statistics, please tick only one of the following boxes which best represents your main reason for reinstating your Actuaries Institute membership:

<input type="checkbox"/> Career change	<input type="checkbox"/> Extended Leave (please specify in Details)
<input type="checkbox"/> Insufficient value or too expensive	<input type="checkbox"/> Returning from overseas (please specify in Details)
<input type="checkbox"/> Dissatisfied with service	
<input type="checkbox"/> Other (please specify)	<input type="text"/>

Details

Referees

This section is to be completed by former Fellows, Associates and Affiliate Members.

We the undersigned, as current Fellows of the Actuaries Institute, consider the applicant to be suitable for reinstatement of a professional body and is a person who could be relied upon to maintain the standards of the Institute. The applicant has the requisite actuarial experience and knowledge of Australian conditions. Accordingly, we recommend the applicant be reinstated as a Member of the Actuaries Institute.

Full Name	<input type="text"/>	Full Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/>

Payment details (to be completed by all applicants)

Total Payment Amount \$ Please check the fee sheet for the applicable fee

- ☐ EFT / Bank Transfer (an invoice will be sent to your email address displaying the Institute's bank details)
- ☐ EFTPOS (in-person option only)
- ☐ Credit Card (payable Online via the Actuaries Institute Membership Portal)

Declaration applicable to all reinstating Members

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). The CEO and Council will consider your response to these questions and may request further information. A positive answer to any of the questions above will not automatically result in rejection of your reinstatement. Each request for reinstatement will be considered without prejudice.

I hereby declare that:

1. I agree as a condition of membership to be bound by the provisions of 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).
2. For the calendar year I will comply with the CPD requirements if applicable to my member category.
3. I agree to the Institute's collection, use of 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 the receipt of information from the Institute or via its appointed mailing house
 - the 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
 - the use of my nominated preferred mailing address (as provided to the Institute) by an international actuarial association with whom I have a subscription through the Institute and agree to the Institute disclosing these details and my membership of the Institute to those associations.
4. 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.

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Protecting your privacy

The Actuaries Institute respects the privacy of all of our Members, event registrants and business contacts, and is committed to safeguarding the personal information that we hold. The Institute is subject to the Australian Privacy Principles that are contained in the Privacy Act 1988 (Cth) ("Privacy Act"). This Privacy Policy describes how we handle your personal information. We reserve the right to change our Privacy Policy at any time. The Institute will make this policy available (at no cost) to anyone who requests it, whether at our offices or by use of our website.

Please visit our website for more information – <https://www.actuaries.asn.au/utis/privacy-policy>.

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