



Nomination Form Actuaries Institute Council Election 2025

The information you provide below (other than details outlined in questions 1 and 6) will be supplied to Voting Members with the ballot. Please forward your completed documentation to governance@actuaries.asn.au by Friday, 26 September 2025.

1. Nominee details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

Surname

Other Name(s)

Previous Name(s)
(If applicable)

Current
Residential
Address

Work Telephone Area Code No. Mobile

Email

☐ Please check this box if you would like your email address to be published with your nomination information so that members may contact you to discuss your candidacy.

Birth Details Date Place of Birth: City/town
(dd/mm/yyyy) Country¹

Actuarial qualifications – Year of qualifying as FIAA²

Details of current employment

Details of recent past employment

¹Details required by ASIC

²The Constitution requires Council members to be an FIAA



2. Nomination Statement

Please include a statement outlining your reasons for standing for election to Council and how you can contribute your experience and diverse skillset to the Institute’s strategic priorities. (750 words max)

3. Photograph

Please attach a professional headshot in JPEG format

Click [HERE](#)
to add
portrait photo



4. Nominee's Service to the Institute

Member of Council Term 1. From (year) to Term 2. From (year) to

Member of Committees and Education Program

| Committee | Role | From (year) | To |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Author of papers/books/publications

Other service

5. Nominees other Directorships³

I am a director of the following companies: (If you hold no such directorships, please enter 'NIL')

| Company Name | ACN/ABN |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

³ Details required by ASIC if elected to Council

Please attach additional relevant documents if there is insufficient space for information within this form

Attach additional forms

I declare the information provided in this Nomination Form is true and correct.

Signature (Enter/type your name to sign)

Date

To email this form directly to governance@actuaries.asn.au

* Please note that members of the Nominations Council Committee are unable to nominate Fellows for election to Council.

** Copies of current Council policies are available on request by emailing governance@actuaries.asn.au