



SOCIETY OF FINANCIAL EXAMINERSSM

7044 S 13th St., Oak Creek, WI, 53154 | sofe@sofe.org

Retired Status Application

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-Mail Address _____

SOFE Designation (circle one): CFE AFE AES

I hereby certify that I am retired and am no longer gainfully employed either directly or indirectly in the regulation or business of insurance or financial institutions and that I either have worked for 30 years or more in regulatory service or am aged 55 years or older. I understand that, should I wish to return to work in the regulation or business of insurance or financial institutions in the future, I must notify the Society of Financial Examiners of my change in status and apply for reinstatement of my active status.

Signed _____

Date _____