SOCIETY OF FINANCIAL EXAMINERS®

Application for the AES® Designation

Print below your name as you wish it to appear on your certificate:

I.   Name _____

        Home Address _____

        City/State/Zip _____

        Home Phone Number _____

        Personal E-Mail Address _____

        Date Application Completed _____

II.   ☐ I am an AFE or CFE in good standing
           or
      ☐ I have passed both of the following AFE courses offered by the Society.

           ☐ AFE1 Life and Health Insurance Fundamentals
           ☐ AFE2 Property and Liability Insurance Fundamentals

      ☐ I have provided proof of completion, with a passing grade, of the CISA examination
        AND
      ☐ Proof of completion, with a passing grade, of the SOFE AES exam

III.   Employment History:

(List former employment information for the past five+ years to verify continuous insurance department experience)

Mo/Day/Yr.	Employer Name	Address	Phone #	Position

Current Employer:
Date of Employment: Month_____Day_____Year_____

Agency/Contract Firm_____

Address _____

City/State/Zip _____

Work Phone Number_____

Work E-Mail Address _____

Title/Positions _____

Return Completed Form and Supporting Documents by E-Mail to rhenda@sofe.org
3505 Vernon Woods Drive, Summerfield, NC 27358, (800) 787-SOFE

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Description of Duties: Please show dates of employment, noting changes of work assignments.

_____

_____

_____

Experience Support Detail				Distribution of Duties			
Involved on the Exam				**IT**		**Financial**	
From	**To**	**Company**	**%**	**Months**	**%**	**Months**	
Total				-		-	

Required   Equivalent of 24 months of IT Experience

IV.   Supervisor's Verification: To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, Director of Financial Institutions, Assistant Chief Examiner or Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current and continuous employment, please provide the necessary documents.

I, (supervisor)_____, have reviewed the preceding portion

of the application of (applicant's name)_____.

The answers therein are true to the best of my knowledge and belief.

_____
(date)   (title)   (signature)

_____
(agency)   (address)   (city, state, zip code)

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V.   Information required to mail letters of congratulations upon earning the AES Designation. SOFE will send a congratulatory letter and a certificate to your Chief Examiner or immediate supervisor. Please provide us with the name and complete mailing address of this individual:

Name/Designations _____

Agency/Contract Firm _____

Street Address _____

City, State, Zip _____

Also for purposes of the letter, please advise us of your gender:

☐ Male ☐ Female (We need this information, because the letter uses the terms his and her.)

OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the Society of Financial Examiners Code of Ethical Conduct and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for this designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society relating to this designation. I understand that I must comply with the Society's Continuing Regulatory Education (CRE) program to achieve the necessary credit hours in order to maintain this designation. I comply and agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society. If the Society finds I have caused or assisted in causing the compromise of any designation, I understand and agree that I may be held liable to the Society for any monetary losses the Society may incur as a result of the compromise.

_____

Name (please print)   Date

_____

Signature