



INDIVIDUAL INFORMATION FORM

The information on this form will be used for IABA purposes only. Your information will not be shared with any outside entities.

Name:

Gender: Male Female

Email Address (Personal):

Alternate Email Address (Company/School):

Phone Number:

City:

State:

Pipeline Status:

- Elementary/Middle School High School Collegian Actuarial Student
Credentialed – Associate Credentialed – Fellow Retired

Employer/School:

If Student, indicate School Year

- Freshman Sophomore Junior Senior Graduate

Expected Year of Graduation:

Program of Study:

Actuarial Designations:

- ASA FSA ACAS FCAS FFA FIA CERA EA

Actuarial Exams Passed:

- SOA Exams: P FM MFE MLC C IA FA

- CAS Exams: 1 2 3F 4 ST LC 5 6

Other(s):