

The Credit Risk Actuary (CRA) designation is awarded by the Israel Association of Valuators and Financial Actuaries (IAVFA), and is the Israeli recognized benchmark professional designation for those who measure credit risk. The CRA designation ensures that Certified CRAs have mastered the critical knowledge, skills and abilities necessary to perform credit risk mapping, modeling, measurement and management.

Credit Risk Actuary (CRA) Designation Application

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in IAVFA's Credentialed Member Directory and on your CRA Certificate. To better serve you, IAVFA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. Please read the certification criteria provided on IAVFA's website at www.IAVFA.com

IAVFA Member#: _____

SECTION A

Full Name: _____

Designations held: _____

Firm Name: _____

Position in Firm: _____

Firm's Website: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____

Fax: _____




Signature of Applicant*: _____

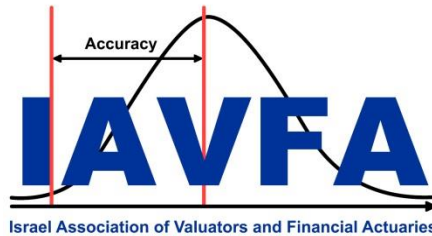
**Your signature will authorize the Israel Association of Valuators and Financial Actuaries (IAVFA) to confirm the above information via e-mail and/or fax, if necessary, and authorize IAVFA to use either medium for future communication. IAVFA will not disclose or share this information with third parties to secure confidentiality.*

 WWW.IAVFA.COM



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

 +972-77-5070590  +972-153-77-5070590  IAVFA1020@GMAIL.COM



SECTION B

Business References Applications for membership in IAVFA cannot be processed without written letters from three business references.

Please provide your references with these guidelines before they write their letters. References should be informed that they may be contacted for additional information.

You may also download a Reference Letter Form for your references to complete from the IAVFA Web site. Each letter must address all of the following items:

- If you are a person of good character
- The number of years the reference has known you
- Whether or not the reference has worked with you in a business capacity
- If you are financially responsible, to the best of the reference's knowledge
- If you are presently engaged in the field of appraising
- A telephone number where the reference can be reached

Business/Personal References:

Contact: _____

Firm Name: _____

Position in Firm: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____

Fax: _____

Contact: _____

Firm Name: _____

Position in Firm: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____




Fax: _____

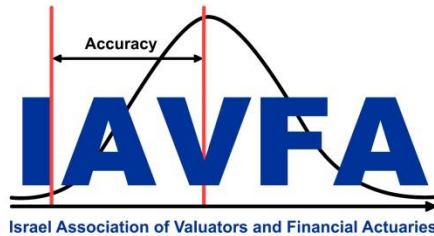
Contact: _____

 WWW.IAVFA.COM



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

 +972-77-5070590  +972-153-77-5070590  IAVFA1020@GMAIL.COM



Firm Name: _____
Position in Firm: _____
Address: _____
Country/State: _____
City: _____
ZIP: _____
E-mail: _____
Tel: _____
Cell: _____
Fax: _____

SECTION C

I have included a recent Curriculum Vitae or Resume with this application.

SECTION D

IF YOU HOLD ONE OR MORE OF THE FOLLOWING DESIGNATIONS please complete this section and attach a copy of your certification(s).

- Financial Risk Manager (FRM®) - Certified by the Global Association of Risk Professionals (GARP) Yes No
- Professional Risk Manager (PRM®) - Certified by the Professional Risk Managers' International Association (PRMIA) Yes No




I am a Member in good standing with IAVFA: Yes No Applying for Membership

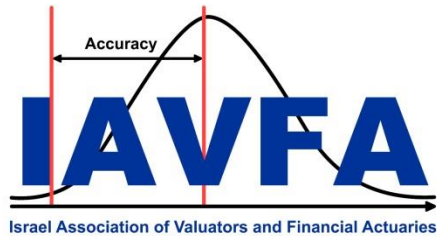
Association: _____
Designation /License: _____
Designation/License #: _____
Year Certified/Licensed: _____
Association: _____
Designation /License: _____
Designation/License #: _____
Year Certified/Licensed: _____
Association: _____
Designation /License: _____
Designation/License #: _____
Year Certified/Licensed: _____

 WWW.IAVFA.COM



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

 +972-77-5070590  +972-153-77-5070590  IAVFA1020@GMAIL.COM



SECTION E

IF YOU HOLD ONE OR MORE FINANCIAL* DEGREES, please complete this section and attach a copy of your degree(s).

I am a Member in good standing with IAVFA: Yes No Applying for Membership

University/College: _____

Degree: _____

Years Attended: _____

University/College: _____

Degree: _____

Years Attended: _____

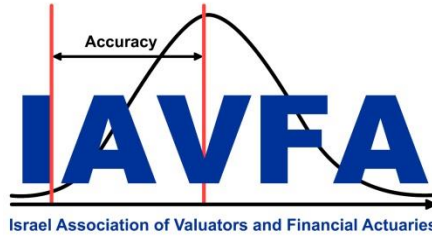
University/College: _____

Degree: _____

Years Attended: _____

*A business degree (i.e., management, economics, finance, marketing, accounting, or other business field) and/or an MBA (masters of business administration) or higher business degree from an accredited college or university.





SECTION G

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (You must check one of the boxes below. If “yes,” please attach an explanation.) Yes No

SECTION H

APPLICATION FEE AND CERTIFICATION DUES:

Application fees are nonrefundable. However, if your application is not approved, your certification dues are fully refundable. Dues and fees are subject to change without notice. Please verify current rates with IAVFA Headquarters at (972) 77-50-70-590 before submitting your application.

Application Fees **\$160**
Certification Dues **\$840**

TOTAL (Be sure to include application fees and certification dues.) \$

SECTION I

METHODS OF PAYMENT:

PAYMENT BY BANK TRANSFER

Bank Name: Bank Hapoalim B.M.
 IBAN: IL32-0125-7200-0000-0489-498
 Bank Number: 12
 Branch Number: 572
 Branch Address: 65 Jabotinski St., Rishon LeZion 7521819 Israel
 Bank Account Number: 489498
 SWIFT Code: POALILIT

By signing, you authorize IAVFA to charge your account for the amount indicated. IAVFA can also initiate credit entries to your account in the event a credit or correction is due. Your signature authorizes us to confirm the above information via e-mail or fax and to use either for future communications. IAVFA will not disclose or share this information with third parties.

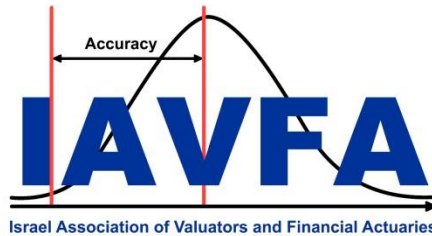
Authorized Signature: _____ **Date:** _____

WWW.IAVFA.COM



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

+972-77-5070590 +972-153-77-5070590 IAVFA1020@GMAIL.COM



Designation Application Checklist

Before submitting your application, please verify that you have included all of the following:

- Completed application, including felony question
- Completed three reference letter forms from business references which you wrote down on the application
- Curriculum vitae and a business photo
- Copies of all the academic degrees which you wrote down on the application
- Copies of all the professional licenses and designations which you wrote down on the application
- Payment, to include \$160 application fees and \$840 certification dues.

RETURN APPLICATION VIA E-MAIL, FAX, OR MAIL TO:

IAVFA—Israel Association of Valuators and Financial Actuaries




5 Nathan Branitzky St. • Rishon-LeZion • 7524205 Israel • IAVFA1020@GMAIL.com

Tel: (972) 77-507-0590 • Fax: (972) 153-77-507-0590 • Internet: www.IAVFA.com

 WWW.IAVFA.COM



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

 +972-77-5070590  +972-153-77-5070590  IAVFA1020@GMAIL.COM