

Form 5434-A (Rev. January 2014)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">Application for Renewal of Enrollment</h2>	OMB Number 1545-0951
-------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	-------------------------

INSTRUCTIONS: To timely renew your enrollment effective April 1, 2014, file this form on or before March 1, 2014. Also use this form to file to return to active status from inactive status between January 1, 2014, and December 31, 2016.

All individuals enrolled before January 1, 2014, are required by 20 CFR 901.11(d) to renew their enrollment in order to maintain active enrollment to perform actuarial services.

To file and pay electronically, visit www.pay.gov.

As an alternative to filing and paying electronically, you may enclose with this form your check or money order for \$250 (two hundred fifty) payable to the Internal Revenue Service.

To renew by regular mail, address to: **Internal Revenue Service, PO Box 301510; Los Angeles, CA 90030-1510.** To renew by overnight mail, address to: **Internal Revenue Service, Box 301510; 19220 Normandie Avenue, Suite B; Torrance, CA 90502.**

NOTE: If you were not eligible to use the "11" prefix to your enrollment number and are applying to return to active status pursuant to 20 CFR 901.11(l)(7)(i), review the instructions posted at www.irs.gov/Tax-Professionals/Enrolled-Actuaries before completing or submitting this form. You may not file or pay electronically.

1. Enter the last prefix you were eligible to use and your enrollment number

Prefix	Enrollment Number
--------	-------------------

2. Provide the following information

Last name	First name	Middle name or initial
Business name (if using business address)	Address (number, street, apartment or suite)	
City	State	ZIP code
Daytime phone number (Include Area Code)	Email address	<input type="checkbox"/> Check here if any information has changed since the last submission.

3. Follow instructions for Items A-C and check one block for Item D

	(Core Hours)	(Non-Core Hours)
A. Enter total hours of qualifying professional education completed in each category in the space provided.		
i. Participant in a qualifying program, including correspondence or individual study programs, audio and video recordings, and/or teleconferencing	_____	_____
ii. Serving as an instructor, discussion leader, or speaker	_____	_____
iii. Credit for published articles, books, films, audio and video recordings, etc.	_____	_____
iv. Service on Joint Board advisory committees or preparation of Joint Board examinations	_____	_____
v. Credit earned by examination	_____	_____
Total hours	_____	_____
B. Of the continuing professional education hours included in A above, enter the number of continuing professional education hours completed in a formal program described at 20 CFR 901.11(f)(2)(ii) (must be at least 1/3 of total required continuing professional education hours)		
_____	_____	_____
C. Of the continuing professional education hours included in A above, enter the number of ethics hours completed (must be at least 2 hours)		
_____	_____	_____
Yes No <input type="checkbox"/> <input type="checkbox"/>		
D. Did you complete all required continuing professional education hours on or before December 31, 2013?		
<input type="checkbox"/> <input type="checkbox"/>		

4. Please check one block for each of the following questions

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Since the issuance or latest renewal of your enrollment, have you been disciplined for alleged misconduct by any professional body or licensing authority? If Yes , attach a statement specifying the date, name, and location of the disciplinary authority, the nature of the misconduct, and the type of discipline imposed. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Since the issuance or latest renewal of your enrollment, have you been convicted of, or fined for, a crime under the revenue laws or a crime involving dishonesty or breach of trust? If Yes , attach a statement providing details. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Since the issuance or latest renewal of your enrollment, have you timely filed all required U.S. tax returns which became due? If No , attach a statement specifying the type of return, the taxable period covered by the return, and the type and amount of any penalties imposed. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you familiar with those portions of the Employee Retirement Income Security Act of 1974 and the regulations of the Joint Board for the Enrollment of Actuaries that relate directly or indirectly to the responsibilities of an enrolled actuary? If No , attach a statement explaining your response. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

5. Declaration and signature

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. In addition, I declare that I have reviewed the continuing professional education requirements set forth at 20 CFR 901.11, and to the best of my knowledge and belief, I have completed the minimum hours requirements of §901.11(e) or §901.11(l)(7), as applicable, and I have satisfied the recordkeeping requirements of §901.11(j).

5a. Signature

5b. Date signed

Privacy Act and Paperwork Reduction Act Notice

Section 1242 of Title 29, United States Code, authorizes the Joint Board for the Enrollment of Actuaries (Joint Board) to collect this information. The primary use of the information is to enforce and administer the regulations of the Joint Board governing the practice of an actuary under the Employee Retirement Income Security Act of 1974 (ERISA). Information may be disclosed to: the Department of Justice when seeking advice or for use in any proceeding; courts and other adjudicative bodies during a proceeding; public authorities for their use in connection with employment, contracting, licensing, and other benefits; public authorities for their use in connection with their regulatory, enforcement, investigative, or prosecutorial responsibilities; contractors as necessary for performance of the contract; third parties as necessary during an investigation; the Department of Labor, the Department of the Treasury, and the Pension Benefit Guaranty Corporation for administering and enforcing ERISA or in connection with maintaining standards of integrity, conduct, and discipline on the part of individuals who practice before such agencies; the general public (including disclosures via web sites) for the purpose of publicizing or verifying the enrollment status and location of individuals who are, or were, enrolled actuaries; professional organizations or associations for their use in connection with maintaining standards of integrity, conduct, and discipline; appropriate agencies, entities, and persons when the Joint Board suspects or confirms that the security or confidentiality of information in a system of records has been compromised, as necessary to prevent, minimize, or remedy harm. Applying for renewal of enrollment is voluntary; however, providing the information requested on this form is a requirement to obtain the benefit of renewal of enrollment. Failure to provide the requested information could delay or prevent processing of your application. Providing false information could subject you to penalties.

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Joint Board for the Enrollment of Actuaries c/o IRS/Return Preparer Office SE:RPO; REFM, Park 4, Floor 4; 1111 Constitution Avenue, NW; Washington, DC 20224.