

ASSOCIATE INSURANCE AGENCY MANAGER (AIAM)

THESIS APPROVAL AND APPLICATION

This form is developed for and is to be used by candidates applying for their AIAM designation. A non-refundable processing fee of \$100 is required. Please type or print clearly, encrypt the form and send the completed form and supporting forms to talentsolutionsinternational@limra.com.

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Card Number:			Expiration Date:
CVV:		Card Holder's Name:	
(3- or 4-digit security code) located on th MC, VISA, and on the front of AMEX) Residential Address		Phone:	
Company Name For Paym	Company ent Processin		
Billing Address (City, State, Country and Zip Code):			
APPLICANT INFORMA			
Name (exactly as it will appear on certificate):			Company:
Mailing Address (City, State, Country and Zip Code):			
Email:			Date:
COURSE COMPLETION	J		
STEP	PROG	GRAM NAME	DATE COMPLETED
Α			
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