

(IAIR LETTERHEAD)

**CERTIFICATION OF  
RETIRED MEMBER STATUS**

The undersigned, \_\_\_\_\_, certifies the following to be true and correct:

1. I am retired from any employment, business or other consulting work directly or indirectly involved in the regulation or business of insurance, including without limitation, the financial oversight, resolution, liquidation, rehabilitation or supervision of insurance companies.

2. I was and/or have been a member of IAIR for \_\_\_ years.

3. I agree to notify the International Association of Insurance Receivers (IAIR), should I resume active engagement in gainful work in the regulation or business of insurance in any capacity as an employee, business owner, management position or consultant exceeding 500 hours a year.

4. I understand IAIR will rely upon my representations in this Certification and that my membership will be reviewed and considered by IAIR in determining my status and eligibility and dues for membership in IAIR.

5. I understand that if I am accepted by IAIR under the retired member status, I may: continue to use any professional designation I have from IAIR in an honorary manner; continue to receive standard benefits of regular IAIR membership; be eligible for reduced membership fees, in the sole discretion of IAIR; and be permitted to attend IAIR functions at rates that may be reduced, in the sole discretion of IAIR.

6. I understand that any designation I may hold will be considered honorary and that IAIR CE requirements will not be required unless I resume active employment, upon which time I would have 12 months to meet my current CE requirements.

7. I agree to comply with all standards and requirements of a regular IAIR member and understand I may lose my membership status, if I fail to do so.

Based on the foregoing representations, I request status with IAIR as a retired member.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_