

I) Average annual hours of work assumption per member:		J) Total annual hours of work assumption:	
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B(2b) Provision for adverse deviation (PfAD) (plans with target benefit provisions)		
A) Market value of equities:		\$
B) Total market value of assets as reported in B(4)G :		\$
C) Equity allocation [A / B] :		%
D) PfAD asset allocation adjustment:		%
E) Benchmark discount rate:		%
F) Assumed discount/interest rate as reported in B(7) :		%
G) PfAD discount rate adjustment:		%
H) PfAD [D + G]		%
B(3) Membership data at the actuarial review date	Number of members	Average age
A) Active members (include anyone accruing benefits):		
B) Deferred vested members (may include outstanding non-vested transfers/payments):		
C) Retired members (includes pensioners, beneficiaries, and other persons who are receiving benefits):		
D) Total covered members:		
B(4) Liabilities by membership group	Going concern liabilities	
A) Active members (include anyone accruing benefits):	\$	
B) Deferred vested members (may include outstanding non-vested transfers/payments):	\$	
C) Retired members (includes pensioners, beneficiaries and other persons receiving benefits):	\$	
D) Total going concern liabilities [A + B + C] :	\$	
E) Utilized / actuarial value of assets:	\$	
F) Excess assets / (unfunded liability) [E - D] :	\$	
G) Market value of assets (including solvency reserve account and adjustments for payables and receivables)	\$	
H) Going concern funded ratio [E / D] (to four decimal places):		
Please explain how any excess assets will be utilized (e.g. to offset current service contributions or contributions to a defined contribution provision, etc.):		
I)		

B(5) Unfunded liabilities existing at the beginning of the period covered by this certificate:

Original date established (YYYY-MM-DD)	Remaining balance	Annual payment	Amortization end (YYYY-MM-DD)
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
Total	\$	\$	Click update

B(6) Sources of gain and loss (do not complete for the first CC on a new plan)

A) Total excess assets/(unfunded liability) at last filed review:	\$
Gains / (losses) due to:	
B) Expected interest on excess assets/(unfunded liability):	\$
C) Fund investment return different than assumed:	\$
D) Required special payments (from previous cost certificate):	\$
E) Special payments different than required (from previous cost certificate):	\$
F) Current service contributions different than required (from previous cost certificate):	\$
G) Demographic activity different than assumed:	\$
H) Expenses different than assumed:	\$
I) Plan amendments:	\$
J) Changes to economic assumptions (detail must appear in valuation report):	\$
K) Changes to demographic assumptions (detail must appear in valuation report):	\$
L) Other please describe:	\$
M) Other please describe:	\$
N) Other please describe:	\$
O) Total excess assets / (unfunded liability) at this review - must match total in B(4)(F):	\$

B(7) Actuarial methods and assumptions							
A) Utilized value of assets				B) Liability valuation method			
<input type="checkbox"/> Market value (include adjustments for payables / receivables) <input type="checkbox"/> Adjusted / average market value (includes smoothing) <input type="checkbox"/> Book value <input type="checkbox"/> Other please specify:				<input type="checkbox"/> Unit credit (accrued benefit, projected etc.) <input type="checkbox"/> Entry age normal <input type="checkbox"/> Other please specify:			
C) Mortality table							
<input type="checkbox"/> CPM 2014 (Public / private, with or without adjustments) <input type="checkbox"/> UP 94 (GAM 94 without margins, with or without adjustments) <input type="checkbox"/> GAM 83 (with or without adjustments) <input type="checkbox"/> Other please specify:							
D) Interest rate:				E) Salary increase rates (excluding merit):			
_____%	for the first		years	_____%	for the first		years
_____%	thereafter if different			_____%	thereafter if different		
F) ITA maximum pension limit escalation rate:				G) Rate of inflation:			
_____%	for the first		years	_____%	for the first		years
H) Expense assumption							
<input type="checkbox"/> None (employer pays all expenses)							
<input type="checkbox"/> Implicit only (interest rate is net of all expenses)							
<input type="checkbox"/> I) Explicit only - specify dollar amount: \$ _____							
<input type="checkbox"/> I) Combination of implicit and explicit - specify dollar amount for explicit portion: \$ _____							

PART C – SOLVENCY RESULTS

NOTE: Plans that have been granted an exemption from making solvency payments must still perform and report the solvency deficiency calculations in Part 1 below but need only complete the **original date established** and **remaining balance** columns in Part 2.

Amounts from Letters of Credit should be included on line C(1)(F).

Plans for specified individuals must still perform and report the solvency deficiency calculations in Part 1 and show the estimated annual special payments required by the *Employment Pension Plans Act* and Regulation in Part 2, regardless of whether or not those payments could be made in part or in full because of such funding limitations as are imposed by the *Income Tax Act (Canada)*.

C(1) Total plan solvency – this section must be completed in its entirety (the sum of A + B must equal B(4)(G))			
A)	Market value of assets (including adjustment for payables and receivables but excluding solvency reserve account - B below)	\$	
B)	Solvency reserve account	\$	
C)	Assumed windup expenses:	\$()	
D)	Solvency assets for calculating solvency ratio [A + B + C]:	\$	
E)	Present value of going-concern special payments:	\$	
F)	Letter of Credit:	\$	
G)	Solvency assets for calculating solvency deficiency [D + E + F]:	\$	
H)	Solvency liabilities:	\$	
I)	Solvency ratio [D / H] (to four decimal places):		
J)	Total plan solvency excess/(deficiency) [G - H]:	\$	
C(2) Solvency deficiencies existing at the beginning of the period covered by this certificate			
Original date established (YYYY-MM-DD)	Remaining balance	Annual payment	Amortization end (YYYY-MM-DD)
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
/ /	\$	\$	/ /
Total	\$	\$	Click update

Part D – Actuarial opinion

Based on the results of my/our actuarial review, I/we hereby certify that, in my/our opinion, the estimated normal actuarial cost and special payments to be made to the plan during the period covered by this certificate, at the rates and amounts specified in this certificate, meet the minimum requirements of the *Employment Pension Plans Act* and Regulation. Future contribution levels may change as a result of future changes in the actuarial methods and assumptions, the membership data and the plan provisions, or future experience gains or losses resulting from emerging experience differing from the assumptions.

In my/our opinion and for the purposes of the actuarial review on which this certificate is based, the data used is sufficient and reliable and the assumptions made and the methods employed are appropriate. This opinion has been given in accordance with accepted actuarial practice in Canada.

This certificate has been prepared in accordance with the *Employment Pension Plans Act* and Regulation. It is not intended to satisfy the reporting requirements of valuations for funding purposes under either the *Income Tax Act (Canada)* or the Practice-Specific Standards for Pension Plans approved by the Canadian Institute of Actuaries.

Is this a qualified opinion? Yes No If yes, please explain:

Date:

Name and title:

Company:

Comments: