



COST CERTIFICATE

PART A – PLAN INFORMATION		
Plan registration number:	Actuarial review date: _____ (dd-mm-yyyy)**	
Official name of the plan:		
<p>** The actuarial review date must in the case of a:</p> <ul style="list-style-type: none"> • triennial or annual review coincide with the fiscal year end of the plan (i.e. if the fiscal year end of the plan is December 31st the review date must be December 31st and not January 1st) • new plan coincide with the effective date of the plan • special report coincide with the requirements under section 3.27 of the regulation • amendment coincide with the requirements in section 4.13 of the regulation • in the case of a review due to an event such as a merger or conversion, coincide with the date of the event 		
PART B – GOING CONCERN RESULTS		
NORMAL ACTUARIAL COST (CURRENT SERVICE COST)		
	EMPLOYER COST	MEMBER COST
Estimated normal actuarial cost for first year of period covered	\$ _____	\$ _____
Rule for how the normal actuarial cost is calculated for the period covered	_____ % of member contributions _____ % of covered payroll	_____ % of covered payroll
	Other (describe) _____ _____	Other (describe) _____ _____
ASSETS	DB Only	Total of DB and DC
A. Going concern assets	\$ _____	\$ _____
B. Market value	\$ _____	\$ _____
C. Book value (if relevant)	\$ _____	\$ _____
LIABILITIES BY MEMBERSHIP GROUP	DB Only	Total of DB and DC
D. Active	\$ _____	\$ _____
E. Deferred	\$ _____	\$ _____
F. Pension in pay	\$ _____	\$ _____
G. Other (please describe) _____ _____	\$ _____	\$ _____
H. Total liabilities (D+E+F+G)	\$ _____	\$ _____
FUNDED POSITION	DB Only	Total of DB and DC
I. Surplus or (unfunded liability) (A-H)	\$ _____	\$ _____
J. Going concern funded ratio (A/H) (to 4 decimal places and DB Only)		N/A

METHODS AND ASSUMPTIONS			
Valuation method _____ accrued benefit (unit credit) _____ entry age normal _____ attained age _____ aggregate _____ individual level _____ other (specify) _____	Utilized value _____ book _____ adjusted book _____ market _____ adjusted/average market _____ average/blend of book & market _____ other (specify) _____		
Mortality tables _____ GAR 94 _____ UP 94 _____ GAM 83 (Adj) _____ GAM 83 _____ GA71 (Adj) _____ Other	Interest Rate _____ % for the first ___ years, _____ % after that ___ Above does not completely describe interest rate used		
Inflation rate _____ %	Salary Assumption _____ % for the first ___ years, _____ % after that ___ Above does not completely describe interest rate used		
Interest Spread _____ %			
Assumed CPI _____ % for the first ___ years, _____ % after that ___ Above does not completely describe rate used	Withdrawal rate _____ yes _____ no		
UNFUNDED LIABILITIES			
Original date established (dd-mm-yyyy)	Unamortized balance at beginning of period	Annual special payments	End of amortization (dd-mm-yyyy)
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Total	\$	\$	
PART C - SPECIAL INFORMATION FOR MULTI-UNIT PENSION PLANS			
Total contributed (per hour)	\$		
Normal cost (per hour)	\$		
Special contributions (per hour)	\$		
Hours of work			
YMPE	\$		

PART D – SPECIAL INFORMATION FOR NEGOTIATED COST PLANS

	Members	Employer
Per year	\$	\$
Per hour	\$	\$
Per member (monthly)	\$	\$
Per member (annual)	\$	\$
Balance of cost	\$	\$
More than 2 sets _____ Yes _____ No		

PART E - SOLVENCY RESULTS

ASSETS	DB Only	Total of DB & DC
K. Value of assets (Assets based on market value or a value that does not smooth them over more than 5 years)	\$	\$
L. Less wind-up expenses	\$	\$
M. Plus present value of special payments	\$	\$
N. Total solvency assets (K-L+M)	\$	\$
O. Total solvency assets for determining solvency ratio (K-L)	\$	\$
LIABILITIES BY MEMBERSHIP GROUP	DB only	Total of DB & DC
P. Active		
Q. Deferred		
R. Pension in pay		
S. Other (please describe) _____ _____		
T. Total Solvency liabilities (P+Q+R+S)	\$	\$
FUNDED POSITION	DB Only	Total of DB & DC
U. Solvency excess or (deficiency) (N-T)	\$	\$
V. Solvency ratio (O/T) (to 4 decimal places and DB ONLY)		N/A

METHODS AND ASSUMPTIONS

Interest Rate Actives _____ % for the first ___ years, _____ % after that	Retired Rate _____ % Indexed _____ % Non Indexed
Mortality tables _____ Active _____ Retired	Indexation _____ % for the first ___ years, _____ % after that

SOLVENCY DEFICIENCIES

Original date established (dd-mm-yyyy)	Unamortized balance at beginning of period	Annual special payments	End of amortization (dd-mm-yyyy)
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Total	\$	\$	

PART F - MEMBERSHIP

Active _____	Retired _____
Deferred _____	Other _____

PART G – 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 Pension Benefits Act* and *Pension Benefits Regulation*.

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, the assumptions made are in aggregate appropriate and, the methods employed are appropriate. This opinion has been given in accordance with accepted actuarial practice.

This certificate has been prepared in accordance with *The Pension Benefits Act* and *Pension Benefits 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.

Actuary's Signature:		Date	
Name & Title (printed):			
Company:			
Address:			

If a second actuary has signed the actuarial valuation report, the following must be completed:

Actuary's Signature:		Date	
Name & Title (printed):			
Company:			
Address:			