



Superintendent of Pensions  
#402, 9515 – 107<sup>th</sup> Street  
Edmonton, AB T5K 2C3  
Phone: (780) 427-8322 Fax: (780) 422-4283

OFFICE USE ONLY		
Entered		RECEIVED STAMP
Reviewed		

## INTERIM COST CERTIFICATE

CRA NUMBER:		ACTUARIAL REVIEW DATE: ____/____/____ YYYY MM DD	MUST COINCIDE WITH THE ACTUARIAL REVIEW DATE OF THE LAST FULL REVIEW FILED
-------------	--	---	---

CERTIFICATE START DATE: ____/____/____ (YYYY-MM-DD) – Effective Date of the event requiring this Interim Cost Certificate
---

OFFICIAL NAME OF THE PLAN:
----------------------------

### ONLY COMPLETE THE SECTIONS THAT HAVE CHANGED

NORMAL ACTUARIAL (CURRENT SERVICE) COST AS AT THE EFFECTIVE DATE OF THIS INTERIM COST CERTIFICATE		
	EMPLOYER COST	MEMBER COST
ESTIMATED NORMAL ACTUARIAL COST FOR THE YEAR FOLLOWING CERTIFICATE START DATE	\$	\$
RULE FOR HOW THE NORMAL ACTUARIAL COST IS CALCULATED	_____% OF MEMBER CONTRIBUTIONS OR	_____% OF COVERED PAYROLL
	_____% OF COVERED PAYROLL	
	OTHER (describe):	OTHER (describe):

NEW UNFUNDED LIABILITY(IES) CREATED AT THE EFFECTIVE DATE OF THIS INTERIM COST CERTIFICATE			
DATE ESTABLISHED (YYYY-MM-DD)	AMOUNT OF UNFUNDED LIABILITY	ANNUAL SPECIAL PAYMENT (MONTHLY AMORTIZATION SCHEDULE)	END OF AMORTIZATION (YYYY-MM-DD)
/ /	\$	\$	/ /
/ /	\$	\$	/ /

NEW SOLVENCY DEFICIENCY(IES) CREATED AT THE EFFECTIVE DATE OF THIS INTERIM COST CERTIFICATE			
DATE ESTABLISHED (YYYY-MM-DD)	AMOUNT OF SOLVENCY DEFICIENCY	ANNUAL SPECIAL PAYMENT (MONTHLY AMORTIZATION SCHEDULE)	END OF AMORTIZATION (YYYY-MM-DD)
/ /	\$	\$	/ /
/ /	\$	\$	/ /

Revised Information for Specified Multi-Employer Pension Plans (SMEPPs) Only		
NORMAL ACTUARIAL COST: \$ ____/hour	UNFUNDED LIABILITY PAYMENTS: \$ ____/hour	SOLVENCY DEFICIENCY PAYMENTS: \$ ____/hour

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

ACTUARY'S SIGNATURE:		DATE:	/ /
NAME & TITLE (PRINTED):			
COMPANY & ADDRESS:			

Note: Information Collected on this form will become subject to the *Freedom of Information and Protection of Privacy Act* and will be managed in accordance with that Act. If you have any questions about the collection, use or disclosure of this information, please contact Alberta Finance at (780) 427-8322.