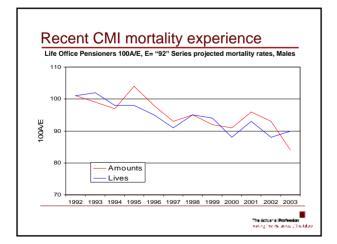


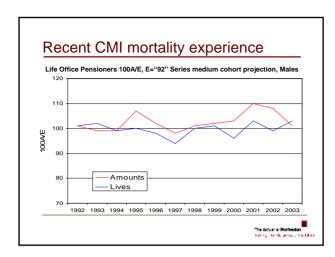
Developments in Longevity

Agenda

- Recent CMI mortality experience
- New mortality tables
- Mortality Improvements
- CMI Mortality Projections work
- Where Next?

.





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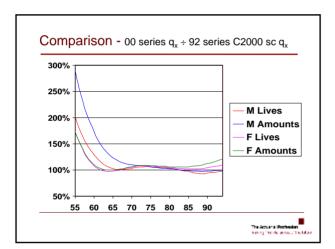
New "00" Series base tables

- AM00 & AF00, 2 year select) Combined, Smoker
- TM00 & TF00, 5 year select) & non-smoker
- PMA, PML, PFA, PFL
 - Normal, Early, Combined
- PPM,PPF (new, lives only)
 - Vested, Deferred, Combined
- IML, IFL (No amounts this time, funny data)
- WA, WL
- RM, RF (lives only, as before)
 - Vested, Deferred (new), Combined (new)

New "00" Series base tables

- Proposed Tables
 - WP12 Assured lives April 2005
 - WP16 Pensioners & annuitants Sept 2005
- Minor revisions after consultation
- Approval from FIMC for final tables will be sought shortly
- Will then be published

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Improvements at younger ages

- Conquest of infectious diseases
 - TB, typhoid, measles, scarlet fever, diphtheria

| % | % of deaths from infectious diseases (E&W) | | | | | | | | | | |
|---------|--|--------|------|--------|--|--|--|--|--|--|--|
| Ages | 1901 - | - 1910 | 2001 | | | | | | | | |
| | Male | Female | Male | Female | | | | | | | |
| 1 – 14 | 43% | 47% | 6% | 6% | | | | | | | |
| 15 – 44 | 46% | 49% | 2% | 3% | | | | | | | |
| 45 – 64 | 16% | 11% | <1% | <1% | | | | | | | |
| 65 + | 4% | 5% | <1% | <1% | | | | | | | |

Source - "Longevity in the 21st Century" Willets et al (2004)

Improvements at older ages

- Significant improvements in treatment of killer diseases
 - cancer, heart and respiratory diseases
- Smoking cessation ongoing effects
 - Reduction in heart disease almost back to "neversmoker" status after 10 years
 - Effects on lung cancer rates take 20+ years to work off (if at all)

Source - "The Cohort Effect: Insights and Explanations" Willets (2004)

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Will mortality continue to improve?

Professor Jay Olshanksy University of Illinois, Chicago

Olshanksy argues that mortality will not continue to improve at its current rate. The main reasons he gives are obesity, the spread of disease and, most importantly, the existence of biomechanical limits on our lifespan.

Professor Shripad Tuljapurkar
Sanford University, California
Study assumes that lifespans increase in line
with current trends until 2010, but that antiageing technologies would then become
available that would prolong life much further.
These drugs and therapies would cause
mortality to decline five times faster than
historical rates between 2010 and 2030, before
normal service was resumed.

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Developments in Longevity

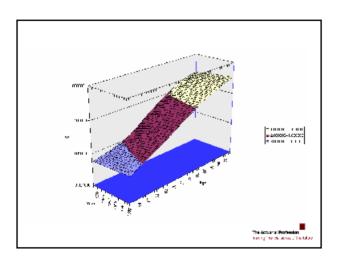
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| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2 |
|----|------|------|------|------|------|------|------|------|------|------|------|------|------|---|
| 60 | | | | | | | | | | | | | | |
| 61 | | | | | | | | | | | | | | |
| 62 | | | | | | | | | | | | | | |
| 63 | | | | | | | | | | | | | | |
| 64 | | | | | | | | | | | | | | Ш |
| 65 | • | | | | | | | | • | | | | | |
| 66 | • | | | | | | | | | • | | | | Ш |
| 67 | • | | | | | | | | | | • | | | Ш |
| 68 | • | | | | | | | | | | | • | | Ш |
| 69 | • | | | | | | | | | | | | • | Ш |
| 70 | • | | | | | | | | | | | | | Ш |
| 71 | • | | | | | | | | | | | | | |
| 72 | • | | | | | | | | | | | | | |
| 73 | • | | | | | | | | | | | | | |
| 74 | • | | | | | | | | | | | | | |
| 75 | • | | | | | | | | | | | | | _ |
| 76 | • | | | | | | | | | | | | | _ |
| 77 | • | | | | | | | | | | | | | _ |

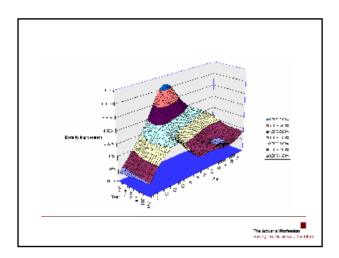
The datasets

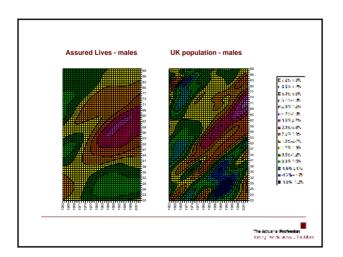
- Crude q(x) by age and calendar year
- For lives with protection and savings products
 - 1947 to 2003
- For UK population
 - 1960 to 2003
- For ages 20 to 100
- Other datasets much smaller
- Used p-splines to remove noise
- Then tried to see patterns



... so looked at improvement rates

$$1 - \frac{q_{x,t}}{q_{x,t-1}}$$





Overview on recent CMI work on projections

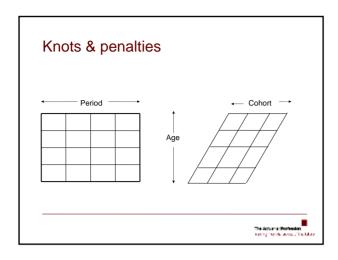
- Working Paper 1 November 2002
 An interim basis for adjusting the "92" Series mortality projections for cohort effects
 - Offered a range of projections
- Working Paper 3 March 2004
 - Initial exposure of various projection methodologies
- Consultation document to guide future work
 Working Paper 11 January 2005
- - Summary of responses to WP3
- "green light" to continue work
- Working Paper 15 July 2005
 - Proposed 2 methods: P-spline and Lee-Carter
- Sept. 2005, Software and Data, CILA presentation
- Working Paper 20 April 2006

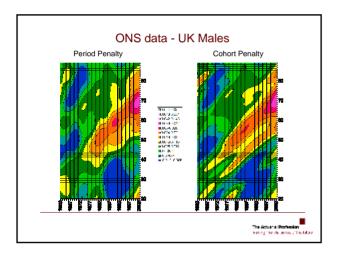
 Guidance on P-spline (Lee-Carter to follow)

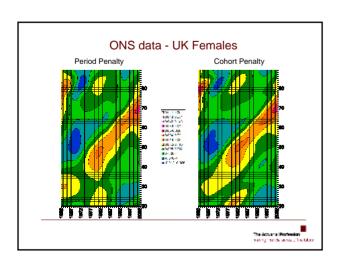
Using P-Splines to project mortality

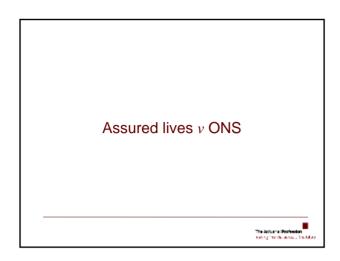
- Percentiles v sample paths
- Age-cohort v Age-period
- Males v Females
- Assured lives v ONS
- Different age ranges not illustrated
- Back-fitting

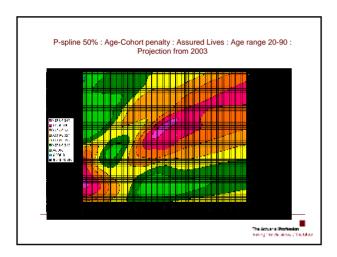
Percentiles v sample paths

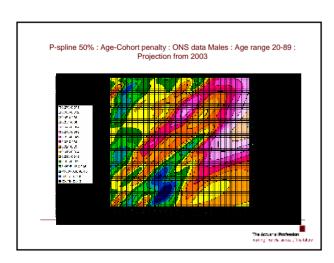


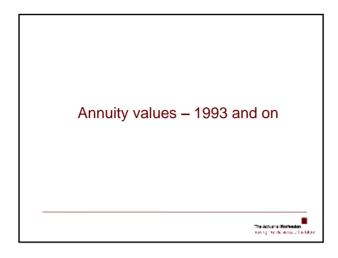


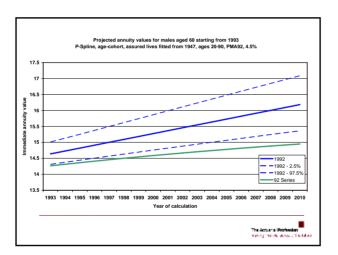


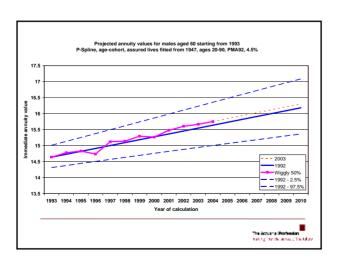


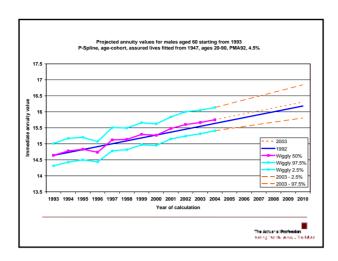


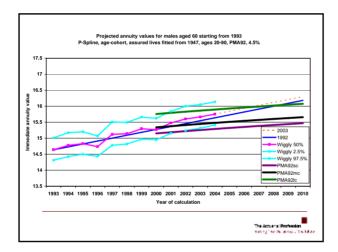


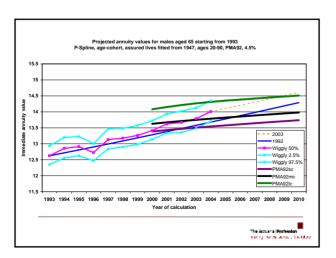


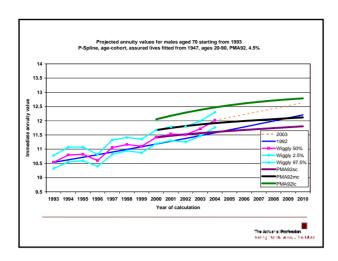


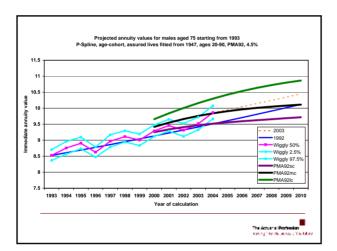












| | Male aged | | | | | | |
|-------------------|-----------|--------|--------|--------|--------|--------|--|
| Mortality Basis | 60 | | 65 | | 75 | | |
| PMA92u04mc | 15.480 | | 13.786 | | 9.842 | | |
| PMA00u04p-s50ac | 15.711 | 101.4% | 13.969 | 102.4% | 9.846 | 99.4% | |
| PMA00u04p-s97.5ac | 16.035 | 104.7% | 14.258 | 104.5% | 10.034 | 101.3% | |
| PMA00u04p-s2.5ac | 15.416 | 98.6% | 13.706 | 100.5% | 9.674 | 97.7% | |
| PMA00u04p-s50ap | 15.700 | 101.4% | 13.982 | 101.4% | 9.876 | 100.1% | |
| PMA00u04p-s97.5ap | 16.216 | 104.7% | 14.443 | 104.7% | 10.175 | 103.1% | |
| PMA00u04p-s2.5ap | 15.259 | 98.6% | 13.589 | 98.6% | 9.617 | 97.5% | |

\ddot{a}_{χ} @ 4.5% Projection basis = male assured lives,1947 to 2003

| | Male aged | | | | | | | | |
|-------------------|-----------|--------|--------|--------|--------|--------|--|--|--|
| Mortality Basis | 60 | | 6 | 5 | 75 | | | | |
| PMA92u30mc | 16. | 066 | 14. | 433 | 10.564 | | | | |
| PMA00u30p-s50ac | 17.966 | 111.8% | 16.508 | 114.4% | 12.618 | 119.4% | | | |
| PMA00u30p-s97.5ac | 18.762 | 116.8% | 17.404 | 120.6% | 13.636 | 129.1% | | | |
| PMA00u30p-s2.5ac | 17.124 | 106.6% | 15.606 | 108.1% | 11.670 | 110.5% | | | |
| PMA00u30p-s50ap | 17.640 | 109.8% | 16.234 | 112.5% | 12.515 | 118.5% | | | |
| PMA00u30p-s97.5ap | 18.925 | 117.8% | 17.676 | 122.5% | 14.174 | 134.2% | | | |
| PMA00u30p-s2.5ap | 16.313 | 101.5% | 14.834 | 102.8% | 11.057 | 104.7% | | | |

These results are based on particular "knot" parameters – different parameters will give different results Age-cohort figures based on ages 21-90, age-period on ages 22-90

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Projections - sources of uncertainty

- Model uncertainty
- Parameter uncertainty
- Stochastic uncertainty
- Measurement error
- Heterogeneity
- Past experience may not be good guide (e.g. change in business mix)

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Where Next? " "00" Series base tables Final proposals, all tables to FIMC shortly Publication immediately thereafter Status of CMI projections work (work in progress) P-spline working paper currently being reviewed Lee-Carter working paper will follow Peer reviewed, not approved - exposing work to the profession will allow full review and issues to surface Future work Other methodologies Further research

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