The journey to buy-out
At the end of 2016 Rothesay Life produced its first buy-out report. £25bn of defined benefit liability had transferred to insurance companies in the preceding two years, and new capital regulations for insurers, under Solvency II, had just come into force. The pensions press were focused on the implications of the collapse of BHS and Tata Steel, but momentum for pension scheme de-risking was growing and the survey we conducted, as part of that report, showed demand was likely to increase further.

As 2019 came to a close, we decided it was time to revisit that report, and to look again at the de-risking market at this point in time. 2019 was a record breaking year for bulk annuities. The market saw over £40bn of pension liability transfer to insurers, a figure that may have seemed inconceivable for the market to achieve in 2016. Improved funding levels, a slowdown in longevity improvements, continuation of sponsor contributions and the maturing of schemes meant what had once seemed a distant spot on the horizon is now coming into focus for increasing numbers of schemes and their sponsoring employers.

Whilst it’s unlikely that £40bn is the new norm, it is clear that the marketplace has changed and endgame planning is now an agenda item in most trustee meetings.

In this publication we have worked with a host of industry experts to bring together a series of articles that take you on the journey to buy-out. Each scheme’s journey will be different but the fundamentals are common for all.

We hope that you find this report insightful and helpful and we look forward to working with many of you over the years ahead.
The journey to buy-out overview
Operating occupational defined benefit pension schemes involves managing large and complex financial risks, it requires significant operational costs and uses up valuable management time that could be better spent running the sponsor’s business. It is not surprising therefore that the aim of most sponsors is to move to a position where these risks can be safely managed by someone else.

De-risking has been the focus for most pension schemes for many years, however the way to reduce risk did not always lead schemes down the same path or to the same destination. Schemes have adopted many different approaches – but common to all their journeys was the desire to remove risk from their schemes in a balanced way and, above all, to protect members’ benefits.

While every scheme will find itself in a unique position from a size, maturity and employer covenant perspective, each one has the same overall aim: to deliver the benefits that their members were promised. And 15 years ago, when the marketplace was in its infancy, the endgame of buy-out probably seemed to be decades away.

Legislation and regulation across any marketplace have a tendency to drive changes in behaviour and there can be little doubt that the introduction of the Pensions Regulator (TPR) and the Pension Protection Fund (PPF) in 2005 was a huge catalyst for the buy-in and buy-out market. Trustees and sponsors have had to agree funding plans and review their performance against these every three years, and as a result we have seen a wall of money move into UK defined benefit schemes. This, coupled with the slowdown of longevity improvements over the last few years and positive returns in most asset classes, has meant that many scheme funding levels have improved dramatically. With TPR’s focus on endgame planning just around the corner, we can see this trend continuing in the coming years.

No scheme is the same and each is on their own journey with a different story to tell. With this in mind it’s no wonder that we see many different needs and requirements from the bulk annuity market. In this publication we have explored in depth the journey to buy-out and the many avenues schemes may take to get there. Regardless of where your own scheme is on its journey we think this publication will be an interesting read.
SECURITY OF INSURANCE

Back in 2007, when the buy-out market had ten competing firms, we saw a total of £1bn business transact. In 2019, we saw £4.4bn of buy-in and buy-outs completed, including five deals over £1bn in size. The willingness of trustees to transfer so much liability to insurers is testament to the strength of the covenant afforded by insurers. Whether it be a buy-in or a buy-out, understanding the financial strength of the insurers is often a key part of a trustee’s process, and thoughts on this topic can be found on pages 72 and 74.

THE STEPS TO BUY-OUT

Many schemes decide to start with a pensioner buy-in, perhaps even a complete series of buy-ins over a number of years in the manner of National Grid and ICI before reaching buy-out, but is starting with a buy-in a good idea? We have explored this topic on page 16. Another starting point is for schemes to first protect themselves from longevity risk through a longevity swap, and we have since seen schemes such as Rolls-Royce and MNOPF who put these swaps in place to hedge longevity look to convert these swaps to a buy-in. Page 52 looks at the steps involved in converting a longevity swap and the interaction with the bulk annuity market.

We also hear directly from a reinsurer on page 56 about reinsurer appetite for UK longevity business, whether that be transacting with a scheme or providing reinsurance for the insurer.

Some schemes, through careful risk management, are able to secure a buy-out for all the liabilities in one transaction. Buy-outs however come with many more complexities than a buy-in and on page 24 we detail additional considerations a trustee should think about when completing a buy-out.

PREPARING TO COME TO MARKET

The importance of preparation is echoed throughout the marketplace and something we regularly talk about. Often trustees spend years preparing and planning to bring their scheme to market. We have therefore included a series of articles that explore why preparation is paramount (page 26), data and benefit considerations (page 26), how to judge feasibility (page 12) and how to ensure the scheme assets are suitable for a smooth and orderly asset transfer (page 42).

Whichever route a scheme decides, they will need the right advisers by their side and a good relationship between the trustee and the sponsor with open communication channels. We hear how important this is from the viewpoint of an independent trustee on page 10 and also consider in more detail what issues are likely to be important to the sponsor on page 30.

The preparation the scheme does before coming to market is evident to insurers and on page 34 we give a few inside tips on what will get you noticed in a busy marketplace. Understanding the bidding process and what to look for in an insurer’s proposal can also help trustees ask the right questions and get the outcome they desire for their scheme. It’s worth reading pages 66 and 68 to find out more.

SCHEME SPECIFICS

Scheme factors versus insurer factors is also often a topic of debate for buy-out transactions (page 38) as well as considering whether to secure any additional risk cover, over and above the known liabilities of the scheme, such as residual risks cover (page 44). Rothesay Life completed the largest buy-out to date with talent in 2019, on page 82 we explore this scheme’s journey to buy-out and how they were able to achieve such a good outcome for their members.

Some schemes will run member option exercises in the hope of bridging the final gap between their funding level and insurer pricing, but have you considered how this will affect an insurer’s pricing basis and the potential impact throughout the final premium? Page 40 looks at how such exercises may be reflected by insurers.

GETTING THE DEAL DONE

It sounds like a simple question once you have selected your insurer that the deal is done and you’ve crossed the finish line, but hold your horses there’s still a bit of work to do. From exclusivity to inception is a key time for all transactions. The price-lock is ticking away while contract negotiations take place and operational implications are worked though. Chapter five considers administrative and operational processes that will be in place once the contract is signed. There’s also some hints on what to look out for in the contract negotiations (page 76).

Delivering the good news to members that you have further enhanced the security of the benefits through a buy-in or a buy-out sounds like an easy task, but this isn’t always true. Making sure that member communication is clear and balanced and describes the transaction in a way that the member understands is an acquired skill. On page 92 communication experts Quietroom give us a lesson on good communication which is worth a read.

Sponsor Insolvency

There are of course some unfortunate instances, where despite best endeavours schemes find themselves with a sponsor who has become insolvent, leading to a lengthy process of PPF assessment. However, if the scheme assets are sufficient, the scheme may have the opportunity to secure “PPF+” benefits with an insurer (or possibly a consolidator)!. You can read insights into what makes these processes different and what you may need to think about if you find yourself in this position on page 60.

UNDERSTANDING THE JARGON

Finally, for those of us who might not be able to keep up with all the industry lingo, we have included a glossary of terms at the back of the publication.

YOUR TEAM AT ROTHESAY LIFE

Tom Seecharan
The Business Development team at Rothesay Life works with pension scheme trustees, sponsoring employers and their actuarial and legal advisers in order to structure and negotiate pension scheme de-risking transactions that are bespoke to each client.

We would be delighted to speak to any scheme about the journey and process to buy-out irrespective of current funding level or size of scheme.

Contact details are at the end of the publication.

Top 20

Transactions in the bulk annuity market

<table>
<thead>
<tr>
<th>Name</th>
<th>Size (£m)</th>
<th>Sector</th>
<th>Insurer</th>
<th>Date</th>
<th>Type</th>
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<tr>
<td>GEC 1972 Plan (tentent)</td>
<td>4,700</td>
<td>Technology</td>
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<td>Sep 2019</td>
<td>Full buy-in to buy-out</td>
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<td>Pensioner buy-out</td>
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<td>Aviation</td>
<td>Legal &amp; General</td>
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<td>Pensioner buy-in</td>
</tr>
<tr>
<td>Allied Domec (Peirod Ricardo)</td>
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<td>Drinks producer</td>
<td>Rothesay Life</td>
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<td>Buy-In</td>
</tr>
<tr>
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<td>Retail</td>
<td>Rothesay Life</td>
<td>Oct 2019</td>
<td>Full buy-in to buy-out</td>
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<tr>
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<td>Legal &amp; General</td>
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<tr>
<td>TRW</td>
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<td>Automotive</td>
<td>Legal &amp; General</td>
<td>Nov 2014</td>
<td>Pensioner buy-out</td>
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<tr>
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<td>Technology</td>
<td>Legal &amp; General</td>
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<td>PPF+ buy-out</td>
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<td>Full buy-out</td>
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<td>Rentokil Initial</td>
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<td>Business services</td>
<td>Pension Insurance Corporation</td>
<td>Dec 2018</td>
<td>Full buy-in to buy-out</td>
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<td>Siemens</td>
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<td>Jun 2018</td>
<td>Pensioner buy-in</td>
</tr>
<tr>
<td>Dresdner Kleinwort</td>
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<td>Financial services</td>
<td>Pension Insurance Corporation</td>
<td>Apr 2019</td>
<td>Full buy-in</td>
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</table>
Getting started
“In a fast moving and complex environment, it is critical for trustees to be well advised.”

...of schemes are working towards buy-out

In a fast moving and complex environment, it is critical for trustees to be well advised. When considering any form of risk reduction as opportunities may arise at any time and trustees and employers should be ready to move as they have ideally been working jointly on strategy and are aware of when an opportunity presents itself.

Given the plethora of risk reduction options to choose from in the pensions world, it is vital that trustees have undertaken their due diligence and engaged with the sponsoring employer well in advance when deciding that transacting with an insurer is their solution of choice. This will largely be determined by the scheme’s funding level, the types of assets held and potentially the employer’s covenant and its desire of how much cash it is willing to inject (and with what certainty) to move the pension risk off its books.

Depending on the size and structure of the trustee board, it is critical that there is a key point of contact that can programme manage such an exercise and oversee the various projects that will need to interact. Drawing these strands together on the trustee side, including administration, investment, legal as well as a transaction specialist, it allows intensive and trustees should look to see if they have the capacity and capabilities within their own governance model as well as in their current advisory set-up. This is where professional trustees can often add real value to the process.

Ideally, being able to draw upon dedicated and specialist teams to help run a buy-out is preferable as it is vital that any business-as-usual activity is not impacted and the "member experience" remains positive. The accuracy and robustness of data makes a scheme more attractive to insurers, therefore there may be more administration input required than normal.

Keeping the sponsoring employer involved and informed throughout the project is best practice. Working with advisers that have a good relationship with, or are known by reputation to, the employer will ensure positive engagement and also help manage employer expectations around timescales to fully buy-out and eventually wind-up a scheme.

There are various mechanisms that can be used when determining what and how a deal with an insurer can be achieved. This includes knowing the price, i.e. the cash injection is needed; are there flexibilities in what percentage of premium to be paid; is there a price-lock on offer; and what risk will an insurer be willing to accept? Another area where trustees are often not as comfortable, is the balance of powers under the scheme compared to an insurer and the selection of an insurer that provides the beneficiaries with the security they desire.

It is therefore key to be buy-out ready with buy-out specialists.
Judging feasibility

A ROBUST FEASIBILITY ASSESSMENT SHOULD ALWAYS BE UNDERTAKEN AT THE OUTSET OF A BUY-IN OR BUY-OUT PROCESS.

Assessing the feasibility of a buy-in or buy-out is an essential part of the process, allowing a pension scheme to make an informed decision about whether it is worthwhile spending management time and expense on an exercise. Also, in a market where insurers are having to turn away business, insurers will focus their energy, time and money on processes that are likely to lead to a transaction. Demonstrating completion of a robust assessment of feasibility gives insurers confidence that your scheme will ultimately transact.

Feasibility assessments generally boil down to a few key considerations which I’ll explore in turn. While buy-in and buy-out often get mentioned in the same breath, from a pension scheme’s perspective they couldn’t be further apart, and judging feasibility looks very different. This has been reflected in the considerations following.
CLOSING REMARKS

The relative weighting given to each of the above considerations will vary from scheme to scheme, and for most schemes it will be a case of balancing a number of them in order to determine the feasibility of a buy-in or buy-out.

MICHAEL ABRAMSON
Hymans Robertson LLP

Michael is a Partner at Hymans Robertson specialising in pension risk transfer. He has led some of the largest buy-ins and buy-outs, including the Allied Domecq Pension Fund’s £3.8bn buy-in with Rothesay Life.

Judging feasibility

BUY-IN CONSIDERATIONS

Funding the buy-in
Specific assets should be earmarked for the transaction, with due consideration for any rebalancing of residual assets which may be needed after a transaction to maintain suitable overall target returns and levels of leverage. Schemes should be comfortable they will have sufficient liquidity to meet potential collateral calls in respect of any derivatives used within the portfolio.

No expected impact on the viability of future buy-in transactions
Schemes should ensure any buy-in is not expected to hinder their ability to insure further liabilities in future. For example, insuring all pensioners now may make a final transaction covering current non-pensioners less attractive to some insurers, until the point in the future at which enough of the deferred members have retired.

Consistency with long-term objectives
If a scheme has a longer-term buy-out objective, it should look at a projected funding journey with and without the buy-in, to ensure the buy-in supports that journey.

BUY-IN AND BUY-OUT CONSIDERATIONS

Clear, realistically achievable maximum affordable price
For a buy-in, the assets being used will determine buy-in pricing required to ensure overall expected returns are not reduced. This means a better price will be needed if the buy-in is funded from higher-yielding assets. Schemes may be willing to accept a reduction in expected return in exchange for the additional protections afforded by a buy-in, including longevity and demographic risk cover and precise cashflow matching.

Furthermore, some schemes will have scope to de-risk their asset portfolio and therefore a buy-in may not need to deliver the same implied yield as the assets being used to fund it.

Schemes need to think carefully about which demographic assumptions to use when determining the implied yield of a buy-in. For example, if a scheme uses an out of date longevity assumption and life expectancy has since fallen, the buy-in would look more valuable than if this assumption were updated.

For a buy-out, the price simply needs to be affordable using the scheme’s assets, plus any cash the sponsor is willing to pay, allowing for contingencies and the costs of finalising wind-up.

For both buy-ins and buy-outs, once a scheme has determined what price is needed in its own circumstances, this can be compared with current market pricing to see if the scheme’s targets are realistic.

Accounting implications are acceptable to the sponsor
Both buy-ins and buy-outs can have an adverse impact on company balance sheets, but the accounting treatment of this balance sheet adjustment can be less favourable for buy-outs, potentially hitting the sponsor’s profit and loss account for that financial period. Sponsors need to get comfortable with this early on to avoid potential roadblocks down the line. Accounting implications will be explored in a later section.

Adequate governance in place
Generally, a “Joint Working Group” will be set up with both trustees and sponsor represented, tasked with the day-to-day management of a buy-in or buy-out project alongside advisers. Clear, documented delegations of authority are needed at the outset.

“Schemes should ensure any buy-in is not expected to hinder their ability to insure further liabilities in future.”

“While buy-in and buy-out often get mentioned in the same breath, from a pension scheme’s perspective they couldn’t be further apart, and judging feasibility looks very different.”
For many schemes there has been a move towards pensioner buy-in transactions as a de-risking step as schemes progress on their de-risking journeys and seek to reduce the risk to member benefits.

Pensioner buy-ins: A sensible de-risking step or a hindrance to ultimate buy-out?
Pensioner buy-ins

Is this, as many schemes believe (and as has been the case for seven of the 20 largest full buy-ins/buy-outs), a sensible step along a path to full buy-out?

Or does it make securing benefits in full at the point of final buy-out harder, not easier?

For larger schemes a series of smaller buy-ins can be more cost effective than a single “mega” transaction. Insurers only have a limited pipeline of attractive assets to support their best pricing. So, by being flexible, a well organised scheme can seize those pricing opportunities as they arise. In contrast, a single mega transaction will be very reliant on the assets insurers have available at the time.

Lastly, pensioner buy-ins also have softer benefits. A full buy-out is a complex transaction, so undertaking a more straightforward initial pensioner buy-in is a valuable learning experience. It is also a clear demonstration to the market that the scheme is well prepared and willing to transact.

Despite the benefits of buy-ins, there are pitfalls to avoid which, if not properly navigated, can ultimately make it harder for the scheme to move to buy-out.

For instance:

1. Reduced level of engagement from the wider insurance market; or
2. Allocating more assets to the pensioner buy-in than the scheme can afford; or
3. Costly/difficult to insure residual liabilities; or
4. Restricting options for residual risk cover on buy-out.

Firstly, obtaining strong insurer engagement is central to achieving the best pricing. Approaching the market for subsequent transactions needs to be done carefully. Other insurers may view the incumbent insurer(s) as having an advantage in any transaction and be less likely to agree to quote, or to allocate their best assets to the pricing. It is therefore important to consider this upfront.

But having an existing buy-in can also be very positive. Building strong relationships with insurers through an initial buy-in can have powerful benefits. For larger schemes, appointing a panel of insurers with umbrella contracts as part of a phased buy-in strategy, can provide better engagement from key insurers. This approach has been adopted by, for instance, IC and Pearson. Even for smaller schemes, it is possible to ensure the wider market is interested in participating; LCP has plenty of recent experience of helping schemes with existing buy-ins get engagement in the market and secure buy-out with a different insurer.

Secondly, it is vitally important for any pensioner buy-in to be sized appropriately. This is to ensure the remaining invested assets can generate sufficient return to close the gap to buy-out over the desired timeframe, whilst providing sufficient collateral for the wider hedging strategy.

The other risk arising from undertaking a pensioner buy-in is that you are left with an expensive, difficult to insure set of residual liabilities. Insurer appetite for non-pensioner liabilities has improved in recent years but they remain more expensive and are best insured alongside pensioner liabilities to provide balance. Before entering into an initial buy-in, consider how the scheme’s membership profile and asset strategy will evolve over time as that is key to sizing the initial buy-in and when to extend it in future. But be reassured that even if you do reach full buy-out quicker than expected, we have achieved attractive pricing recently for several deferred heavy schemes (for instance the Post Office scheme was almost entirely non-pensioners).

However, where residual risk cover will be important, it is worth considering this as part of the initial buy-in noting the additional work involved, particularly on data/benefit due diligence.

So in conclusion, is a pensioner buy-in a hindrance to full buy-out? Not if done properly, a phased buy-in strategy can help schemes reach full buy-out with greater certainty and at a lower overall price.
Preparation is paramount

DEAL PREPARATION AND ENGAGING INSURERS

“Preparation is paramount” is a common mantra of consultants, lawyers and insurers when it comes to successfully achieving trustee and sponsor objectives in the bulk annuity market. What does this mean in practice for schemes? Why is it so important?

85% of schemes have checked their member data
Preparation is paramount
DEAL PREPARATION AND ENGAGING INSURERS

LAYING THE FOUNDATIONS
For most bulk annuity transactions, the trustees will be asking the insurer to take on responsibility for the specified pension benefits due to the scheme’s beneficiaries in the years to come. This means that the trustees must have a very good understanding of the benefits which should be paid.

This relies on two fundamentals:
1. Maturity and accurate data
2. Clear knowledge of benefits payable

These are the foundations that underpin the entire transaction process from robust pricing and agreement of suitable contractual provisions, through to transaction implementation. Of course, insurers appreciate the significance of these building blocks and will factor them into their assessment of any transaction coming to market. Demonstrating the scheme has invested time to prepare gives the insurer the reassurance of a well-governed process and supports their prioritisation of the transaction.

These foundations may seem obvious.
You can be forgiven for thinking that surely all well run schemes would have accurate data and know what benefits were promised. Whilst it may be true, insurers look for additional information not required for day-to-day administration, which can also help with liability pricing. This includes data about marital status and reliable historical mortality experience. Beyond this, under the policy the trustees will have to give some legal commitments regarding the accuracy of the data provided, and so having appropriate upfront preparatory steps help avoids potential pitfalls later in the transaction process.

Giving insurers information about the scheme benefits is typically done using a comprehensive benefit specification. It allows insurers to fully price the benefits being secured, and must dovetail with the supporting membership data provided.

As part of these preparations, trustees will typically look for legal confirmation the benefit specification is in line with the pension scheme’s rules to give comfort that the benefits being paid and ultimately insured are correct. Trustees will also need to consider how any discretionary practices in the scheme’s rules should be addressed for transaction purposes, making sure that insurers provide consistent quotations which reflect the benefits to be insured.

For some transactions where the intention is to remain in the buy-in phase for a significant period, a conscious decision may be made to insure a slight variation of the scheme benefits or it may be appropriate for the treatment of discretionary practices under the buy-in to differ from the day-to-day scheme operation. In these circumstances, careful thought is required on how any gaps in the insured benefits will be addressed before the ultimate transition to individual policies and scheme wind-up, including agreement of suitable contractual flexibility.

DESIGNING THE PLAN
Like most multi-million pound projects, detailed planning is key for an efficient bulk annuity transaction. Insurers will look for a clear route to contract signing and execution. This means being able to articulate to the market what decisions will be made and when. Providing this visibility gives insurers confidence that their investment in providing quotations will ultimately lead to a transaction – this helps to further cement insurer engagement.

That said, plans for the sole purpose of generating engagement is not the point. Transaction plans should be practical, well considered and ultimately deliver for all stakeholders. Even the simplest of transactions will quickly unravel if the intended route, or decision making structure, doesn’t work for a key stakeholder. It is important all key stakeholders understand the transaction process and what decisions will need to be made, including any specific trustee or sponsor issues being identified and considered sufficiently early in the process.

“Demonstrating the scheme has invested time to prepare gives the insurer the reassurance of a well-governed process.”

“Insurers will look for a clear route to contract signing and execution. This means being able to articulate to the market what decisions will be made and when.”

POTENTIAL AFFORDABILITY
Insurers will engage in potential transactions that are expected to be affordable. In 2019, Barnett Waddingham’s research showed that one of the key reasons behind insurers declining to provide quotations was due to an unrealistic price target, as this in itself will mean that a transaction is unlikely to happen. So what can trustees and sponsors do to best prepare in this regard?

Experience shows that undertaking a realistic feasibility study can be helpful for a scheme that is eyeing a transaction. In particular, this is the time to ensure that there is an open dialogue between trustees and key decision makers within the sponsor – this can be constructive in understanding affordability and serve both parties well as the transaction process progresses. Approaching the bulk annuity market for quotations is typically best done when a transaction is expected to be within potential reach (possibly aided by additional sponsor funding), as purely speculative market approaches may impact insurer engagement further down the line (avoiding insurers showing no interest when your transaction is actually in a position to complete).

ACCESSING AGILITY
During 2019 and into 2020, trustees and sponsors that were able to respond quickly to opportunities have been rewarded in an increasingly dynamic bulk annuity market. Even with the best laid plans, markets can move, insurer appetite can change, and transaction windows can be relatively fleeting.

Importantly, having solid foundations; a robust plan with clear decision making routes; and a good understanding of what affordability looks like for all stakeholders, paves the way for trustees and sponsors to be agile and responsive to changing circumstances, such as transaction timings, which may need to evolve to respond to potential market opportunities.

IN PARTNERSHIP WITH ROTHESAY LIFE
Pension Risk Transfer Report

55% of schemes with a weaker covenant favour buy-out

ROsIE FANTOM
Barnett Waddingham
Rosie is a Partner at Barnett Waddingham, specialising in pension scheme de-risking, predominately focusing on the bulk annuity market. She spends the majority of her time advising corporate and trustee clients on how to achieve their objectives when it comes to insuring defined benefit liabilities, and has over 12 years’ experience in this space.
Top 15 full buy-outs announced since 2006

<table>
<thead>
<tr>
<th>Name</th>
<th>Insurer</th>
<th>Tranches</th>
<th>Size (£m)</th>
<th>Date</th>
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<td>Multiple</td>
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<td>Dec 2012</td>
</tr>
<tr>
<td>Vickers Pension Scheme</td>
<td>L&amp;G</td>
<td>Single</td>
<td>1,100</td>
<td>Nov 2016</td>
</tr>
<tr>
<td>Thorn</td>
<td>PIC</td>
<td>Single</td>
<td>1,100</td>
<td>Dec 2008</td>
</tr>
<tr>
<td>Bakers workers</td>
<td>PIC &amp; L&amp;G</td>
<td>Multiple</td>
<td>875</td>
<td>Dec 2017</td>
</tr>
<tr>
<td>PA Consulting</td>
<td>PIC</td>
<td>Single</td>
<td>855</td>
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</tr>
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<td>Rothesay Life</td>
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<td>675</td>
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<td>Rothesay Life</td>
<td>Single</td>
<td>670</td>
<td>Nov 2013</td>
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<td>Multiple</td>
<td>500</td>
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<tr>
<td>Post Office</td>
<td>Rothesay Life</td>
<td>Single</td>
<td>450</td>
<td>Jul 2017</td>
</tr>
</tbody>
</table>

Note: PPF+ deals and buy-in deals where a buy-out has not yet been announced have been excluded from the above table.
BEWARE BENEFIT GREMLINS – MAKING SURE THE BENEFITS ARE RIGHT

As a trustee, you’ve invested well and buy-out pricing looks within your reach. As you reach this stage, if you haven’t already taken the time to review the benefits payable under your scheme, now is the time to start.

60% of schemes are checking the validity and accuracy of member benefits.
Within your reach
Beware benefit gremlins – making sure the benefits are right

Getting the benefits right – why does it matter?

Trustees have a fundamental legal duty to ensure their beneficiaries receive the correct benefits. Even in the most well run schemes, deciding what these are can take time and be far from straightforward, with many skeletons potentially lurking in the closet. Administrative practice may have diverged from scheme rules over time, scheme rules may be frustratingly opaque, communications with members about their benefits may be inconsistent with scheme rules, and, in the case of some long-running schemes, some historical documents may be missing altogether. Put those ingredients together and it’s clear that deciding what benefits to insure can be a lot more complicated than just repeating whatever the latest scheme rules say.

But getting this right (and getting this right early) is about much more than trustee duties to members. Investing time at the beginning of the process will pay off in the long run. Not only does it reduce the risk of nasty – and potentially costly – surprises further down the line if benefits need to be adjusted (which in extreme cases could threaten the viability of the transaction) but going through an early exercise to check and confirm benefits will demonstrate that trustees are serious about transacting. This will help trustees get the engagement of insurers and access to competitive pricing and terms. It will also significantly reduce the risk of having to make material benefit changes as part of a post transaction data cleanse process, which could trigger insurer pricing adjustment clauses.

Trustees can consider securing residual risks cover on buy-out, to guard against the risk of errors in the data or benefits. However, this does not mean trustees can ignore any gremlins. Insurers will carry out detailed due diligence before taking on residual risks cover. Far better for trustees themselves to have identified, investigated and determined how to deal with benefit issues (with the advantages of time and advice) than be forced to resolve issues under the restrictions of a deal timetable, where there could be pressure to go with the most “member-friendly” (and expensive) resolution to get the deal done.

TROUBLE-SHOOTING BENEFITS – WHAT SHOULD TRUSTEES LOOK OUT FOR?

No two pension schemes are the same, but there are some common themes that come up again and again when looking at the issues that can cause delay and unexpected additional costs for schemes approaching buy-out:

- **Mergers:** It is not unusual for large, long-running schemes to have completed multiple mergers spanning many years. However, the benefits payable in respect of transferring members are not always clearly documented. Paperwork prepared in connection with the merger might cross refer to other documents that cannot be located. The task for trustees will be to decide what benefit should be secured for those members based on the limited information available.

- **Historical leavers:** Benefits will typically be governed by the rules in force at the date a member left service. Where scheme rules have been amended over time, the historical rules that apply to those members will need to be located and reviewed.

- **Special benefits:** As well as the benefits set out in scheme rules, additional or special benefits might also be documented elsewhere, including in individual member letters or augmentations agreed with the sponsoring employer. Where special benefits have been granted, trustees must ensure that all instances of those benefits are identified and reflected in the benefits an insurer is asked to price.

Revaluation, indexation and contracting-out requirements:

Careful attention should be paid to these, which produce benefit gremlins on a regular basis. Particular risk areas are where existing scheme rules have been amended (either badly, ineffectively or not at all) to cater for overriding statutory requirements. Pro-rating provisions for first year increases (including for spouse’s pensions) can also be problematic. And don’t even get us started on anti-franking tests. Scheme rules should be reviewed alongside administrative practice to decide whether corrective action is needed.

Equalisation:

Last, but by no means least, no list of this kind would be complete without mention of equalisation. A significant number of schemes are taking action – or correcting actions taken in the past – to equalise post-16 May 1990 benefits. Schemes will also need to take steps to remove GMP-related inequalities.

Historical exercises to equalise benefits should be reviewed carefully to ensure there is no hidden exposure and that effective steps were in fact taken to implement the intended equalisation measures.

For trustees targeting buy-out in the short to medium term who have not yet begun to focus on benefits, the action is clear: get started.

Preparing for buy-out

For trustees targeting buy-out in the short to medium term who have not yet begun to focus on benefits, the action is clear: get started. The process of preparing an accurate benefit specification that can be submitted to insurers as part of the quotation process can take time and require input from other stakeholders, including sponsoring employers, advisers and even former trustees. The process may well throw up historical errors or areas of uncertainty that need to be worked through and resolved. Tackling those before coming to market will not only mean trustees are well-placed to get the best price from insurers, but will also help ensure that both trustees and employers have greater certainty about costs from day one and don’t face an unexpected bill when benefit gremlins rear their heads once the buy-out process is under way.

SHOOTING TROUBLE-OUT A BEACON FOR BUY-OUT

TRUSTEES

Coming into focus

49% of schemes have completed GMP reconciliation

**FOR BUY-OUT**

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42% of schemes have agreed buy-out as their endgame with their sponsor.

... AND THE IMPACT OF BUY-OUTS ON PENSIONS ACCOUNTING

As pension scheme funding levels have generally improved over recent years the need for significant additional funding from the corporate sponsor to achieve a full scheme buy-out has reduced for the best funded schemes. However, even when no additional contributions are expected to be required there are several reasons for sponsors to remain close to the transaction and have full visibility of all aspects of the process.
Sponsor considerations
AND THE IMPACT OF BUY-OUTS
ON PENSIONS ACCOUNTING

CERTAINTY OF COST

“Over the period to achieving a buy-in the de-risked investment strategy may be monitored closely and a price-lock could be utilised with the chosen insurer.”

VALUE FOR MONEY

“A governance structure that gives the sponsor visibility over the process and input into negotiations to gain comfort they are getting a fair price for their capital input is key.”

In the period between the sponsor and trustees agreeing to seek a buy-out there is scope for significant price movements, for example driven by insurer appetite or general market movements. Scheme sponsors can find this uncertainty of their final cash obligation difficult to communicate to key stakeholders and to build into their business plans. Typically the sponsor will want to consider how this uncertainty can be reduced and managed, for example over the period to achieving a buy-out the de-risked investment strategy may be monitored closely and a price-lock could be utilised with the chosen insurer.

In the case of full scheme buy-outs many sponsors will want to ensure there is a clearly agreed budget for the transaction with the trustees that captures the “all-in” costs to move from buy-in to buy-out and wind-up the scheme.

Finally, an additional consideration that has emerged over recent times is also managing potential surplus positions and how that surplus could be avoided in the first place, e.g. through the use of escrow accounts and other contingent contribution structures, or distributed between members and the sponsor at the point of buy-out.

When an additional sponsor contribution is required to achieve buy-out, the sponsor may find it difficult to accept that trustees still ultimately have control over the process and the final decision to purchase the annuity contract. In most instances the objectives of trustee and sponsor are broadly aligned. A governance structure that gives the sponsor visibility over the process and input into negotiations to gain comfort they are getting a fair price for their capital input is key to the considerations for many CFOs and corporate boards.

Similarly, the sponsor will want to ensure any ancillary insurance is fit for purpose. Whilst the buy-in contract will cover member benefits as defined by the benefit specification and reflect any changes identified within the data/benefit true-up, sponsors will continue to be concerned about how any unknown issues will be resolved as ultimately these costs will lie with the scheme/sponsor. Comfort is often taken by leading negotiations on risk coverage, fully considering the value for money of any indemnity cover against cost and having clarity on potential gaps in coverage.

Removing the pension scheme from the corporate balance sheet is usually seen as a positive from the sponsor point of view. However, companies are not always aware of the accounting implications of a full scheme buy-out and this needs to be understood at the outset of a project. In particular, how the difference between the cost of insuring scheme liabilities and the accounting value held on the balance sheet is recognised through the accounts.

The treatment applied within the financial reporting depends on the facts and circumstances of each case but there are some general principles that apply across the various accounting standards. Engagement with the sponsor’s auditors is essential at the outset of the project to avoid any unintended consequences.

IFRS and UK GAAP
• If the buy-in is considered to automatically lead to a buy-out then settlement accounting could be applied, typically recognised as a loss within the profit and loss (P&L) account. Alternatively, any losses recognised could be recognised through the Other Comprehensive Income (OCI).

Following a transaction, but prior to full discharge of liabilities, assets are usually set equal to liabilities which means the volatility of the pension scheme for financial reporting purposes would be removed.

The precise treatment of any balancing premium will be considered on a case by case basis.

US GAAP
• Sponsors reporting under US GAAP potentially have wider P&L considerations as a feature of the standard is that Accumulated Other Comprehensive Income (AOCI) could be accelerated through the P&L upon settlement of the pension scheme. Sponsors that report under US GAAP or have a US parent reporting under this standard need to be aware and comfortable with the potential P&L outcome when considering buy-in/buy-out.

Although accounting implications can sometimes appear to be a blocker to sponsors supporting a buy-out, the risk and volatility reduction achieved is generally recognised as a priority. A sponsor can also work with its advisers to manage the messaging to its shareholders, investors and analysts to bridge the gap between accounting measures and the true risk reduction achieved through a buy-out.

The sponsor will ultimately need to have comfort on all the aspects outlined above and work closely with the trustees from the outset of the project until the point of eventual buy-out and wind-up of the pension scheme.
Back in 2006, when the de-risking market was in its infancy, the concept of an insurer having the luxury to pick and choose which pension schemes to quote for seemed a very novel idea indeed. Fast forward 13 years to 2019, £44 billion of defined benefit pension scheme liabilities transferred from pension schemes to insurers, and for the first time, insurers were unable to quote for all attractive opportunities in the market.

£44 billion only a few years ago would have seemed impossible for the market to achieve in one year. To put this into context, £44 billion is more than the total business written in 2019 (a record year in itself) and 2017 combined.

Whilst we do not expect the market to reach £44 billion in 2020, continued growth is inevitable and the size of the UK defined benefit pensions market means that we are forecast to consistently see volumes in excess of £30 billion a year for the foreseeable future. It is possible that pension scheme demand could outstrip insurer supply again in years to come as it did in 2019. So how do you make sure that your scheme receives attention from insurers in a busy market?

If you have prepared well you will attract the highest number of bidders. Each insurer will have its own key requirements. On the price side, the proportion of deferred liabilities they can accept and whether the scheme has transacted with a competing insurer in the past. There are however times where these filters alone are not enough to whittle down the opportunities to those which an insurer has capacity to work with. In these circumstances, insurers will start to focus on secondary issues to try to identify which processes have the highest likelihood of closing, and in particular, which are most likely too close with the given insurer.

There are three main areas we focus on when assessing the viability of a transaction and ticking as many of these boxes as possible will increase a scheme’s attractiveness in the market place.

1. PROCESS ISSUES
   - Is the deal supported by both trustee and company? Is there a joint working group in place?
   - Whose responsibility is it to ensure that the transaction closing is quick? As the party not currently in the Know will need to draw breath once they become aware of the proposed transaction and take their own advice before any proceeding further.

Appointing experienced advisers who are familiar with the bulk annuity market and who have good, open communication channels with all insurers is also really important. Often insurers like to know that the scheme is being guided by advisers who understand what is important to insurers and gives them the confidence that the process is likely to be well run and thought through.

2. FEASIBILITY
   - Is there a clear hurdle price or target in mind for a transaction? Are advisers able to articulate it, and share it with insurers?
   - For insurers, the existence of a price hurdle demonstrates a clear understanding of the marketplace and also an articulation that a process will close. Transparency on the schemes budget for a transaction allows insurers to focus resource on processes where we believe a trade is viable. Early conversations with insurers will also avoid schemes incurring costs coming to market when it is highly unlikely any insurer will reach the hurdle price.

For a transaction involving deferred members, it is also important that trustees have considered their scheme factors and how these compare to the factors provided by insurers. This a critical piece of thinking which has caused a stumbling block for many schemes we have seen, and makes a huge difference to our assessment of transactions likelihood of closing. Please see the article by David Ellis on page 38 for more details.

3. DATA
   - Insurers are usually advised to ensure that data is “in order” prior to coming to market, and we echo this guidance. Whilst it is unlikely that an insurer will refuse to quote because of a small number of data issues, they could be the factor that tips the balance between one transaction and another.
   - Are there clear gaps in the data, inconsistent data items, or a large number of queries being asked of the adviser? These sorts of issues suggest that the scheme may not have done the necessary preparation, and the data isn’t of good enough quality for a transaction to occur. It is better to take your time to get this right before approaching the market, so that any issues can be identified and resolved in good time, and not rushed through in a busy quotation process.

Has the scheme collected sufficient experience data (showing changes in member status, such as deaths or transfers), and does it reflect the population included in the transaction? For instance, if a quotation is to cover all pensioners with a pension over £10,000 per annum, can we identify which members within the experience data are associated with pensions in excess of £10,000? Or if the quotation population represents one section of a scheme, does the experience data contain section codes to recognise each section? Quality experience data will allow us underwrite the longevity basis and solicit reinsurance quotes for the underlying longevity risk.

Has the scheme collected maternal status information, such as maternal status of members and the dates of birth of any spousal and dependants? This data helps insurers manage their risk exposure and there are a number of reinsurers who load their quotes for prudence in the absence of this data. It is important to also be clear where this data has come from – was it collected for each member during employment or on retirement, or as a recent bulk write-out exercise? If information comes from multiple sources, then it is important to be able to distinguish between these in the data provided.

Insurers want to quote on as many processes as they can and will find it hard to turn down a well-prepared scheme that has met all of the points above. Preparing well and considering how an insurer will triage you scheme prior to coming to market will ensure the widest interest from the right insurers for your scheme.

Clearly insurers want to work with as many schemes as possible but working with all of them just isn’t feasible.

“Making the right decision on what price to quote can be the most challenging part of the process. However, it’s well worth the time and effort.”

SAMMY COOPER-SMITH
Rothesay Life

Sammy is head of Business Development at Rothesay Life and has been with Rothesay since 2011, working on transactions with the pension schemes of Auto, National Grid and telent, amongst others, plus the insurance transfers with Prudential, Aegon and Zurich.
Chapter 2

Other considerations

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The impact on member options
PENSION COMMENCEMENT LUMP SUMS AND CASH EQUIVALENT TRANSFER VALUES

A buy-out is a major, irreversible decision for any trustee to make

While the trustee should, therefore, focus on areas such as the choice of insurer, the premium and the treatment of assets, it should also seek to ensure that individual members will be no worse off and ideally better off as a result of the deal where they take optional benefits. Two insurers could offer the same price but one might provide members with higher member options for that price.

Therefore, trustees should scrutinise conversion terms offered by insurers to understand the immediate and longer-term impacts on benefit levels for members who wish to take some or all of their benefits in an alternative form – a member option.

Pension commencement lump sums (PCLSs) and cash equivalent transfer values (CETVs) are two key options and affect many members.

To effect a buy-out, it is usual to go through a buy-in period first. This brings additional considerations because, in essence, the economics rest with the insurer during the buy-in period, but the legal responsibility remains with the trustee.

Let’s consider CETVs first. A CETV should represent the best estimate of the capital cost of providing a member’s benefits in the scheme. During a buy-in period, the Scheme Actuary should advise the trustee on whether the CETV basis remains appropriate given the significant change in investment strategy. There are a number of reasons why the insurer’s and Scheme Actuary’s best estimate calculations could differ.

For example, the scheme’s CETV basis and the insurer’s equivalent individual surrender value basis might be updated at different frequencies; the insurer might have different return expectations for its annuity book to the scheme’s assumption and the insurer and scheme could have different best estimate inflation and mortality expectations.

The scheme could, therefore, receive a higher or lower surrender value from the insurer than the trustee would have paid to the member as a CETV before the buy-in period. Is the trustee happy to pass on the surrender value received without amendment? Many trustees and their Scheme Actuaries conclude that adopting the insurer’s surrender values as the CETVs during the buy-in period is reasonable, which also has the advantage of stability once the buy-in is converted into a buy-out. Other trustees decide to top-up to their chosen CETV amounts, utilising scheme funds or further contributions from the sponsor, during the buy-in period where the insurer’s surrender values are lower.

Where necessary, it is possible in some circumstances to pay an insurer at the outset of the buy-in to boost the amount of surrender values payable during the buy-in period and even thereafter, during the buy-out period.

The scenario for PCLS is slightly different. The amount of residual pension a member can take at retirement, after taking a tax-free cash sum, is determined by the in-force commutation factors.

Given administrative burdens of regularly updating commutation factors and the desire for a simple set of factors that are easily communicated to members, pension scheme factors tend to be fixed for several years at a time. Insurers, however, regularly update their own commutation factors and those are typically more generous to members than those offered by pension schemes.

As part of the bulk annuity negotiations it is possible for a trustee to ask insurers to reduce their commutation factors by a fixed proportion (insurers typically put a cap of 20% to 25% on the reduction and are unlikely to go below the current scheme factors) in return for a lower premium. This allows insurers to keep their factors compliant with Solvency II and the Treating Customers Fairly regime, members are offered generally more generous commutation factors during the buy-in and buy-out periods and the bulk annuity deal becomes more affordable for the trustee.

Trustees should also consider how comfortable they are switching from fixed scheme commutation factors to variable insurer factors. Trustees could be concerned that a sharp rise in yields could lead to members receiving lower residual pensions in the future than they would using the existing scheme factors.

It is clear that the generosity of member option factors affects the amount of benefits members receive. It is worthwhile therefore, to focus on how the insurer’s factors compare to the scheme’s and what treatment should be put in place during the buy-in period and once a buy-out has been implemented.

"Insurers, regularly update their own commutation factors and these are typically more generous to members than those offered by pension schemes."
MEMBER OPTION EXERCISES

The focus for many schemes as their funding levels improve is to research all avenues which may help bridge the gap between scheme assets and an insurance premium to fully settle the scheme liabilities.

Liability management exercises are often the first options considered. These can be transfer value or winding up lump sum exercises where the relevant liability is discharged at a value less than the premium otherwise payable. Alternatively benefits may be reshaped through a pension increase exercise or simplifications may be applied to certain benefit entitlements which are more cost effective to insure.

A number of different factors will be considered in deciding which of these options to pursue. A trustee will likely consider each of the following points when deciding whether to run a transfer value exercise:

1. Could this exercise bridge the gap to buy-out? Scheme transfer values are generally lower than the premium payable to fully secure that liability. Therefore even modest take-up levels could improve scheme funding levels.

2. Are transfer values offered by the scheme at a higher level than those provided by an insurer? In that case, trustees may take the view that members should have one last chance to transfer on better terms.

3. Is there a lost opportunity cost to the scheme? If a member transfers out shortly after buy-out, has the scheme lost some value by paying across a premium amount greater than the transfer amount settled to that person?

While these are all important and may seem to release value to the member or the scheme, it is worth considering the possible offsetting implications on any insurance premium payable.

1. Many insurers already allow for future transfer take-up in the premium quoted. The premium will increase if the assumption for future take-up is reduced which is likely after an exercise has been run. Many insurers derive their take-up assumptions based on past experience on their book (in a similar way to assumptions for pension commencement lump sums).

2. Insurers and reinsurers will be concerned about selection risk associated liability management exercises which again may increase the premium payable. Trustees may also consider reshaping the benefit obligations payable to a form that is more cost effective to insure, for example where a number of pension increase exchange (PIE) exercises have become much more common for these reasons. Under a PIE offer, a member may be offered a higher non-increasing pension in exchange for their current increasing pension. This may be run as a one-off exercise or schemes may offer this option as a matter of course to members at retirement.

As such we are happy to work with schemes who want to implement a PIE either before entering a bulk annuity contract which may create a saving, or after, potentially resulting in a refund. However not all market participants will take the same approach and discussing this intention early will help trustees identify the right insurer early in the process.

36% of schemes completed a liability management exercise in 2019

“Insurers and reinsurers will be concerned about selection risk associated with liability management exercises which again may increase the premium payable.”

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While as an insurer we are still exposed to anti-selection behaviour as a result of these exercises, this is generally much less pronounced than in a transfer value exercise. This is because the value of the uplift is paid over time whereas for a transfer value, the member receives the full value of their benefit upfront. In order for an individual to choose whether or not to convert their pension increases on health grounds, they need to have a longer-term view on their life expectancy which is much more difficult.

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Lining up your assets

1: PRICE HEDGING
You should start thinking about this as soon as you have established an insurance solution as your eventual funding goal. This could be years before the actual transaction. The aim is to develop an asset strategy that is managed specifically against the future cost of buy-out, to minimise pricing risk and stabilise your journey as far as possible.

The key point to note is that, other than liability risk (inflation and interest rates), the only “hedgeable” market parameter that drives insurer pricing is credit spread movements as spreads widen, pricing improves and vice versa. If your objective is an insurance solution, a credit-based portfolio might help reduce volatility against the future cost of the buy-out.

This also means that, at the point of transaction, your portfolio is naturally aligned with the price-lock insurers are willing to write, as well as the assets they might consider taking as premium payment.

2: LIQUIDITY
As you enter the stage of being ready to transact, your aim should be to maximise your flexibility and negotiation power. In this context, buying in for a full buy-out, you need to have an asset portfolio that is fully realisable in markets within a short time period. Some insurers may be able to work with you to accommodate illiquid assets, but this may be a path you cannot rely on.

While insurers may be willing to take some (or all) of your assets as part of the premium payment, the views on this will vary from insurer to insurer and transaction to transaction. In most cases insurers are unlikely to consider assets beyond cash, gilts and corporate bonds, and often they may want cash or gilts only. Even if one insurer is willing to take a given illiquid asset that is “insurer friendly”, other insurers would not take it as it does not fit with their particular requirements or constraints. Your choice of insurer should be driven by who will give you the best deal, and not by who is willing to take a given asset.

This does not mean that you need to start selling all your illiquid assets as soon as you decide to undertake a transaction. However, it does mean that you should start contingency planning for how and when you will dispose of any illiquids as early as possible in the process, ideally 6-12 months before execution. The aim here is to give yourself options to maximise flexibility and control.

3: STRATEGIC FIT
For partial buy-ins, consider the interaction with your wider asset allocation, journey plan and objectives/constraints like you would with any other asset purchase. Strategic fit can be assessed by considering the following:

- **Impact on your portfolio returns:** If you are using leverage to achieve your liability hedge, a partial buy-in may well require a sale of growth assets to retain the same hedging, which will extend your journey to full funding unless the sponsor contributes more cash.
- **Trade-off against other risks:** Extending your timescale could increase your covenant risk, so how does that stack up against the longevity risk reduction you get from the buy-in?
- **Bigger fish to fry:** You should also consider how dominant longevity risk is compared to your other remaining risks. Say if you are still running meaningful levels of growth asset risk, it is often more efficient to tackle this before longevity risk.
- **Flexibility:** A partial buy-in will reduce overall liquidity and your ability to dig your way out of a future deterioration in your funding position. Stress testing and contingency planning are an important part of the decision-making process: would the sponsor plug a future gap with further contributions, and/or would the trustees accept a longer time horizon?

A programme of partial buy-ins over time can be a good way to reduce risk over time, but you need to have thought through the strategic implications of such a strategy in order go to market with a high degree of confidence and credibility.

38% of schemes have not considered whether their illiquid assets can be transferred in specie to an insurer

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**METTE HANSEN**
Mette is a Director in Redington’s investment consulting team, where she helps UK pension schemes with their investment and strategy related challenges. She has spent the last decade working in a variety of consulting roles in the industry, and she is a CFA charterholder.
What flavours of cover are available under your bulk purchase annuity policy?

A bulk purchase annuity (BPA) is an insurance contract purchased by trustees of an occupational pension scheme. It provides insurance in respect of pension and lump sum benefits payable from the scheme that are set out in a data file and benefit specification incorporated into the contract.

RESIDUAL RISK COVER

Nearly 60% of schemes aiming for buy-out are considering residual risk cover.
Residual risk cover

All BPAs provide vanilla cover. This means that the insurer assumes the longevity and investment risk associated with providing specified benefits to specified beneficiaries. A BPA that only provides vanilla cover is called a “vanilla BPA” and most BPAs in the market are vanilla BPAs.

Where trustees purchase a vanilla BPA, the risk that the trustees have not secured benefits that correctly match the entitlements of some or all beneficiaries under the scheme (and any additional liability resulting from this) remains with the trustees (and, ultimately, the scheme sponsor). The trustees may ask the insurer to amend the insured benefits in exchange for the payment of an extra premium. The risks that bulk annuity insurers will offer to cover as part of their residual risk cover typically include the following:

- **Data risk cover** – The obligation for the insurer to adjust the insured benefits (and meet any additional liability) due to errors in the insured data set.
- **Legal risk cover** – The obligation for the insurer to pay a beneficiary’s correct benefit entitlement if the insured benefits are understated due to a legal issue, such as the incorrect administration of the scheme due to a misunderstanding of the benefit promise under the scheme rules or a past failure to implement legal requirements.
- **Missing beneficiaries cover** – The obligation for the insurer to pay benefits to an individual who can prove an entitlement to benefits under the scheme who was not in the insured data.

DECIDING WHAT’S RIGHT FOR YOUR SCHEME

Whether to request residual risk cover and, if so, the exact scope of that cover will be down to the trustees’ particular tastes; the insurer’s appetite to provide the cover for the size of the scheme; the cost of such cover; the insurer’s willingness to let trustees cherry pick specific elements of cover; and contractual negotiations.

There are certain key issues that trustees must consider when deciding the right flavour for their scheme.

TIMING OF INCEPTION

Are the trustees looking to purchase a BPA with residual risk cover that incepts on day 1, or immediately before buy-out (i.e. the point at which the insurer issues its clean data set)?

Situations in which the insurer will adjust the insured benefits prior to the completion of the wind-up of the scheme include:

- The obligation for the insurer to agree specific cleanse actions and detailed legal due diligence to identify and fix any issues before going to market and make any reports available to the insurers during the quotation phase.

Consequently, when a scheme is planning to wind-up, trustees (and their sponsors) often consider the options available to them for removing the residual risks that would otherwise remain with the scheme.

It is important that trustees (and their sponsors) understand that the additional “flavours” of cover available from bulk annuity insurers and their limitations before they decide whether or not they want to request something other than vanilla cover.

MALLOWSTREET
IN PARTNERSHIP WITH ROTHESAY LIFE
Pension Risk Transfer Report

60% of schemes are cross-checking administrator practice with the scheme rules

WHAT FLAVOURS CAN BE ADDED TO THE VANILLA COVER?

Broadly speaking, the principle underlying residual risk cover is: if a beneficiary can prove an entitlement to benefits that are different to insured benefits as a result of a risk covered by the residual risk cover, the insurer will adjust the insured benefits.

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- **Missing beneficiaries cover** – The obligation for the insurer to pay benefits to an individual who can prove an entitlement to benefits under the scheme who was not in the insured data.

2. Conduct an exercise to identify data/legal issues and fix them (or at least flag them in a way that enables insurers to assess the risks – carry out data cleansing actions and detailed legal due diligence to identify and fix any issues before going to market and make any reports available to the insurers during the quotation phase).

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SCOPE OF COVER

Each bulk annuity insurer will have its own standard carve-outs from residual risk cover which are, in most instances, non-negotiable. They also have well-established due diligence processes to assess the risk they are assuming: serious data errors and undisclosed legal issues will likely be discovered before the trade takes place and liabilities relating to such errors/issu will be excluded from the cover provided under the BPA unless the trustees correct them.

Cover for errors in the execution of legal documentation is one example of an area that might be carved out. This is a complex area and, as a result, the scope of such cover often requires significant negotiation and the insurer will often identify errors during pre-trade due diligence which the trustees will effectively be forced to correct before they can transact. Consequently, our experience is that pragmatism often prevails and trustees seek to obtain protection for this risk from elsewhere (e.g. an indemnity from the sponsoring employer and/or from the general insurance market).

CONCLUSION

The recipe for success for trustees is:

1. Decide in advance what type of insurance cover they want.

The market is crowded and trustees need to compete for insurer bandwidth by making themselves attractive potential counterparties.

Stephen is a risk transfer specialist. He has advised insurers and trustees on residual risk transactions relating to £22bn of liabilities, including advising Rothesay Life on its £4.7bn transaction with talent.

STEPHEN LONGFELLOW
Gowling WLG
The emergence of consolidators

Not every scheme’s journey can or will end with a buy-out – whether because of lack of sponsor support, market appetite or just the funds to get it done. The recent emergence of “DB superfunds” has therefore created another option for trustees and sponsors, whilst also presenting a conundrum for insurers.
The key question is: how do you assess whether insurance or a superfund option is the right solution for you and your scheme members?

To start with, you need to get to grips with what is possible. Can you actually afford either option and would the Pensions Regulator (TPR) grant clearance if you pursued consolidation?

In June 2020, the Pensions Regulator published an interim framework for the regulation of superfunds. The framework didn’t provide much information on the requirements for trustees considering a transfer to a superfund, but it did suggest preventing schemes that can buy-out now or within the foreseeable future (e.g. five years) from transferring. Whilst it is currently unclear what requirements will be included in the final legislation (and in TPR’s guidance to trustees), in cases I am working on with trustees, they thinking has naturally looked to consider three questions (originally referred to as gateway tests in the 2018 consultation).

This remains, in my view, the best place to start when considering whether consolidation or insurance is right for you and your scheme members.

In simple terms, if there is a realistic prospect of buying out soon, then schemes and sponsors should not be prioritising a transfer into a superfund. As secure as superfunds will need to be to meet TPR’s interim framework and authorisation, there is no denying that insurance is the security gold standard.

There needs to be a greater acknowledgement that, although superfunds aim to improve member security when compared to the covenant of the sponsor, they will not provide the same level of guarantee as an insurer.

To illustrate this, let’s start by putting ourselves in the shoes of a trustee board. To me as a regulator, there are three key principles that trustees and sponsors should be able to answer before proceeding with a superfund:

1. Are you unable to afford full buy-out today?
2. Is a full buy-out in five years unrealistic?
3. Is a superfund transaction likely to improve outcomes for your scheme members?

As we all know, there is a big difference between a “standard” insurance quote and the kind of price you might achieve with an insurer who is pulling out all the stops to win your business. In fact, this difference can easily be large enough to completely alter a trustee’s analysis of which path to take.

Insurers are asked to quote on far more transactions than they could ever feasibly complete, so they have to be savvy about who they spend their time working with. In the early stages, insurers might be more willing to offer very attractive pricing in order to win early cases and hit the ground running.

This isn’t a purely academic thought experiment – insurers I speak to are dealing with this exact puzzle already.

The dynamics for insurers are interesting. If they know a scheme could ultimately end up transferring to a superfund, is it a good investment of time and work to produce a best and final quote? Then again, by not providing a competitive quote, are they just facilitating superfund transactions by making insurance appear unattractive and essentially “giving” the business away?

It is also difficult for insurers to predict superfund pricing as the market is in its early stages. I have seen superfunds willing to offer very attractive pricing in order to win early cases and hit the ground running.

The take-away for trustees and sponsors is this; if you want to get the right outcome for a scheme at the best price, you need to take specialist advice on how each route might play out covering key questions such as: what realistic pricing might be; how TPR might react; how strong is your sponsor covenant; and how volatile is the range of possible outcomes for your scheme.

Key to getting the best out of both insurers and superfunds will be to commit to one option as early as possible. This might require proactive decision making, possibly on incomplete information, which isn’t easy. However, this will be essential in achieving full engagement and better pricing from either the insurer or superfund. It is therefore more important than ever that you work with an adviser who can give you clear insight into both markets before you dive into the process.

<table>
<thead>
<tr>
<th>Key differences between superfunds and insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
</tr>
<tr>
<td>- Superfund directors and trustees</td>
</tr>
<tr>
<td>Safety net</td>
</tr>
<tr>
<td>- Regulated/monitored by TPR</td>
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<tr>
<td>Capital requirements</td>
</tr>
<tr>
<td>Overall capital comparison</td>
</tr>
</tbody>
</table>

Whilst these are difficult decisions, ultimately they are about providing the best solution for your members.
Just over ten years on from the completion of the first longevity swaps we are now seeing an increasing trend of pension schemes looking to convert – or novate – existing longevity swaps to buy-ins, for example recent transactions by MNOPF and Rolls-Royce. This reflects the fact that schemes’ funding levels have improved in the intervening period, allowing them to further de-risk and transfer investment risk to the insurance market, in addition to the longevity risk protection they already have in place.
### HOW DOES A NOVATION WORK?

Longevity swaps are generally structured as a contract of insurance, between the pension scheme and an insurance intermediary, and then an onward contract of reinsurance, between the intermediary and a reinsurer. The pension scheme pays a fixed stream of payments to the intermediary, who pays these on to the reinsurer – and in return payments are received based on the actual life span of the covered membership – see Figure 1. There isn’t an upfront payment and the scheme continues to have the flexibility to invest its assets to generate return – and therefore retains investment risk.

If, in the future, the scheme wishes to undertake a buy-in for the population covered by the longevity swap, the longevity insurance contract is cancelled, and the ownership of the reinsurance is novated from the intermediary to the buy-in insurer. In exchange for an upfront premium, the buy-in insurer also takes on the investment risk associated with the premium, the buy-in insurer also takes on the ownership of the reinsurance is novated from the intermediary to the buy-in insurer.

In addition, because the buy-in insurer doesn’t need to go out and procure longevity reinsurance, the buy-in insurer does not need to go out and procure longevity reinsurance, the buy-in insurer can potentially be completed quicker than a standard buy-in, allowing the pension scheme to rapidly lock into market conditions that lead to advantageous buy-in pricing.

*FIGURE 1*

**CONVERTING A LONGEVITY SWAP**

**WHAT ARE THE BENEFITS OF BEING ABLE TO NOVATE A LONGEVITY SWAP?**

In addition to the historical longevity risk protection provided by the longevity swap, the key benefit is that as the buy-in provider is only pricing investment risk – not longevity risk – the price of the buy-in/buy-out is significantly more attractive. In addition, because the buy-in insurer doesn’t need to go out and procure longevity reinsurance, the buy-in insurer can potentially be completed quicker than a standard buy-in, allowing the pension scheme to rapidly lock into market conditions that lead to advantageous buy-in pricing.

*FIGURE 2*

“*The key reason novations are possible is that most buy-in insurers hedge almost all of their longevity risk using longevity reinsurance.*”

**WHAT ARE THE KEY CHALLENGES WHEN NOVATING A LONGEVITY SWAP?**

There are several potential challenges. Firstly, the cooperation of the reinsurer and the intermediary are needed to enable the novation. However, it should be possible to navigate this as the original longevity swap contract will contain legal obligations on these parties to cooperate. Using a captive cell owned by the trustee, or an insurer not active in the buy-in market, as the intermediary should help to ensure their full cooperation.

There is also the possibility that the preferred buy-in provider does not find the longevity swap attractive – for example because of a particular contractual term in the original longevity swap contract or because they already have significant counterparty exposure to the reinsurer and do not wish to have another longevity swap with them.

This can be largely mitigated by:
1. ensuring that when the longevity swap is agreed, it is future-proofed by being buy-in provider “friendly”;
2. by sharing all of the information on the longevity swap with the buy-in market at the very start of the buy-in quotation process.

Further, whether your chosen insurer for the swap conversion has experience of converting longevity swaps or not the underlying reinsurer will almost certainly have experience, either through past swap conversions or through the novation of longevity reinsurance contracts as a result of back book annuity transfers (the process whereby one insurer sells a block of annuities to another insurer).

**IN SUMMARY...**

The novation of a longevity swap to a buy-in is now tried and tested. Longevity swaps allow pension schemes to manage longevity risk today whilst retaining investment freedom, and the ease of novation means they are a great stepping stone to a future buy-in.

It’s also worth noting that some of the early longevity swaps had complex constructions, due to the requirements of the intermediaries at the time. This included use of multiple reinsurers and the intermediary retaining some of the longevity risk. This doesn’t mean these longevity swaps can’t be novated, but sufficient time should be allowed in the buy-in project to navigate the complexity.

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Longevity and reinsurance appetite

Although death is often quoted as one of life’s only certainties, the timing is rarely predictable. Managing this uncertainty is a key element of protecting the safety of people’s pension.

This “longevity risk” is one that plan sponsors and trustees are already familiar with – especially in the current low interest rate environment. For most annuity purchase transactions, some longevity risk is transferred to a reinsurer rather than being fully held by the direct insurer.

87% of all schemes are de-risking
Longevity and reinsurance appetite

HOW LONGEVITY RISK IS TRANSFERRED?
By far the most common structure uses a bespoke agreement known as a longevity swap which defines payments between the insurer and reinsurer. These payments work as illustrated in the diagram opposite.

The insurer receives a series of payments that are determined by the actual pensions they pay out. In return, they commit to pay the reinsurer a set of fixed payments that are equal to the expected pension payments at the time of the reinsurance deal, together with a fee payable to the reinsurer. In the unlikely event that people live exactly as long as expected, the only payment exchanged would be the reinsurance fee.

After putting in place a longevity swap, the insurer still needs to invest assets so they can meet the payments to the reinsurer. However, the insurer no longer needs to take the risk that pension payments are higher than expected because people live longer than originally assumed.

TRANSACTION PROCESS FOR LONGEVITY SWAPS
For all but the largest annuity purchase transactions, the process of implementing a longevity swap will be invisible from the perspective of trustees and sponsors.

WHY DO INSURERS TRANSFER LONGEVITY RISK?
This additional work to transfer longevity risk has a number of significant benefits for insurers under the UK regulatory regime:

• Many are already holding significant longevity risk from earlier transactions and individual annuity portfolios will want to ensure this is balanced within their overall business
• It removes the need to hold capital to cover longevity risk (and replaces it with counter party capital) and alleviates some of the Risk Margin strain
• Ultimately it increases security for policyholders and shareholders

Many annuity purchase transactions involve some form of longevity reinsurance for these reasons. Some insurers will pass all longevity risk on immediately, others will be comfortable retaining elements of longevity risk where it provides diversification with other risks they are running in their business.

WHY DO REINSURERS HAVE APPETITE FOR LONGEVITY RISK?
Most reinsurers are governed by the same regulatory regime as insurers so it might seem surprising that taking longevity risk is attractive to them. The key difference for reinsurers is that they can hold longevity risk alongside other risks written in domestic and overseas markets from both life and non-life reinsurance. This diversification provides a more capital-efficient home for longevity risk.

Of significance here is the large volume of life insurance policies that are currently reinsured, especially in North America. Holding this “mortality risk” (where claims are paid when people die) provides a significant offset against longevity risk and reinsurers that hold alongside each other can hold less capital as a result. A reinsurer holding just one of these risks would need to charge higher fees to cover the higher capital required. Maintaining an optimal balance of these two risks is one of the key factors that impacts the reinsurance pricing of longevity risk.

“For all but the largest annuity purchase transactions, the process of implementing a longevity swap will be invisible from the perspective of trustees and sponsors.”

HOW MUCH REINSURER APPETITE IS THERE FOR LONGEVITY RISK?
At present there is significantly more mortality risk within the global reinsurance sector than longevity risk. Many countries have primarily relied on the state sector to provide pension, so longevity risk largely sits with future generations of tax-payers. However, the market for insured longevity risk is currently growing far quicker than for mortality risk and at some point, the optimal diversification between the two will be reached. Although not immediately a constraint, this strong relative growth in longevity risk may impact pricing in the medium term.

Despite this, reinsurance appetite for UK longevity risk is likely to remain strong in the near term. One of the key constraints at present being simply having enough people within the organisation to keep up with demand. A key threat to near term capacity is the emergence of other markets for longevity risk transfer (such as the US or Canada) which may start to take up more attention given the closer offset to many reinsurers’ large mortality portfolios written in North America.

75% of schemes with assets over £10bn think they are too big for insurers.
PPF+ cases and considerations

A GROWING NUMBER OF PENSION SCHEMES ARE ENTERING A PENSION PROTECTION FUND (PPF) ASSESSMENT PERIOD, WHICH ARE OVER-FUNDED ON THE PPF BASIS.

This trend is set to continue as corporate insolvencies increase following the Covid-19 pandemic. Whilst these schemes will not transfer to the PPF, they must still go through PPF assessment. Trustees must eventually secure members’ benefits by the purchase of annuities from an insurer.

This article provides some guidance to trustees as to how they can navigate the complex legal, financial and practical issues arising out of dealing with “PPF+” cases.
PPF+ cases – AND CONSIDERATIONS

APPOINT SPECIALIST ADVISERS
The PPF operates a number of specialist panels providing trustee, actuarial, administration, legal and audit services to schemes in PPF assessment. It is vital that trustees make use of these advisers as they have significant experience of all issues arising in PPF assessment, including dealing with PPF+ cases. Trustees should also consider the appointment of a risk transfer specialist who has a proved record of dealing with these types of transactions.

UNDERSTAND SCHEME FUNDING POSITION
Trustees should seek early input from the scheme actuary as to whether the scheme is likely to be able to purchase benefits above PPF compensation levels with an insurer, as this will determine how PPF assessment progresses.

The scheme actuary should be asked to estimate the scheme funding position using the PPF’s prescribed assumptions and taking into account current realistic pricing from insurers (which could differ). The scheme actuary should take into account those areas where the PPF might permit greater flexibility e.g. mortality experience or costs and expenses.

Adopting different assumptions in these areas may mean that a scheme, which looks under-funded on the PPF basis, could, in fact, secure members’ benefits in excess of PPF compensation.

Conversely, the scheme actuary should consider whether a scheme that appears to be over-funded on the PPF basis will have difficulty in being able to secure members’ benefits with an insurer in practice. This situation can arise because the PPF’s prescribed assumptions are not necessarily reflective of current insurer pricing.

REVIEW INVESTMENT STRATEGY
Trustees should seek advice on the investment strategy to adopt during PPF assessment. If the PPF+ will ultimately be able to purchase benefits above PPF compensation levels with an insurer, the scheme is likely to be over-funded on the PPF basis, different considerations apply.

Trustees will want to adopt a position that fully hedges interest rate and inflation risk relative to the PPF+ benefits that they ultimately want to secure with an insurer. Further consideration also needs to be given to adopting an investment strategy that reflects the assets held by an insurer. This might ultimately be used to support an insurer price that takes into account a price-risk mechanism, once the successful insurer has been selected.

Trustees will also need to factor into the process the likelihood and timing of any recoveries from the scheme’s insolvent employer.

ADAPT PPF ASSESSMENT PERIOD TASKS
Much of the work required during PPF assessment would be completed for any solvent wind-up. These tasks include:

- identifying the scheme’s benefit structure
- data verification and cleansing, benefit assessment (e.g. actuarial validation and equational equalisation)
- member tracing and pensioner existence checking
- Trustees need to fully understand the extent of any of these PPF assessment tasks should be adjusted to reflect the fact that members’ benefits are to be secured with an insurer. The PPF does not, for example, routinely seek marital information from members but an insurer may find this information useful and this data could improve an insurer’s pricing.

DECIDE HOW TO ALLOCATE SCHEME ASSETS BETWEEN MEMBERS ABOVE PPF COMPENSATION
Trustees need to consider how to allocate a scheme’s assets between members above PPF compensation as full scheme benefits are unlikely to be secured. Legislation dictates how assets are to be distributed to members where full scheme benefits cannot be secured. Broadly speaking, the value of each member’s PPF compensation is allocated first, with the remainder of the scheme’s assets then being divided proportionately between members. This division would usually involve application of a ‘nil percentage difference to each member between their PPF compensation entitlement and their full scheme benefits.

DECIDE FORM OF BENEFITS TO SECURE
Once the scheme assets have been allocated between members, the trustees must then decide the form of benefits to secure. Legislation requires insurers to secure members’ benefits by the purchase of annuities, transfers to other registered pension schemes or lump sum cash payments (e.g. winding up lump sums). However, legislation does not dictate the form of benefits to secure; this is a matter for the trustees to determine.

PPF+ cases: AN INSURER’S PERSPECTIVE FROM ROTHESAY LIFE

Our perspective is that PPF+ cases should always be taken seriously for several reasons: they have been independently verified as being able to afford a buy-out; if they can afford it, they are almost certain to transact; they are usually well run, by professional trustees who are used to doing such buy-outs; the benefits are usually simple; the data has usually undergone significant cleansing activities; and the asset strategies are usually simple with a high degree of hedging.

Whilst all of the above does not guarantee a smooth transaction, it is a very good point to be starting from. The further points to consider to get the best out of Rothesay Life and other insurers include:

1. Establish the funding level early on – whilst the PPF update their basis periodically and it will be a good guide, the best way to buy-out pricing will always be to ask a provider. Given the simplicity of PPF benefits, it should be straightforward to test the funding level with the market before committing significant expenses for schemes which are marginally funded. This always be taken seriously for several reasons:

Trustees may typically secure either (a) PPF compensation levels with an appropriate uplift; (b) a percentage of full scheme benefits; or (c) a benefit determined by the trustees to ensure the greatest value is delivered to members.

Trustees should consider different forms of insurance to protect themselves from further liability, particularly as the scheme’s employer will be involuntarily.

Trustees may want to consider the purchase of residual risk cover, seek run-off and missing beneficiaries insurance or some form of PPF benefit guarantee, which will ensure that members will always receive PPF levels of compensation.

SEEK PROTECTION FROM LIABILITY
The statutory discharge provided by the PPF if it assumes responsibility for a scheme, is different to the discharge provided by an insurer following the purchase of a bulk annuity contract. Trustees should consider different forms of insurance to protect themselves from further liability, particularly as the scheme’s employer will be involuntarily.

Keep the PPF informed
Whilst a scheme is in a PPF assessment period, it is vital that trustees keep the PPF fully informed throughout the process. The PPF should be consulted about all issues including the investment strategy to adopt, any decision by the trustees to enter into a buy-in contract, the adjustment of PPF assessment tasks to suit insurers’ requirements and the costs associated with the buy-in/buy-out process.

TOP 5 PPF+ cases

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
<th>Size (£m)</th>
<th>Insurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nortel Networks</td>
<td>2018</td>
<td>2,400</td>
<td>L&amp;G</td>
</tr>
<tr>
<td>Turner &amp; Newall</td>
<td>2011</td>
<td>1,100</td>
<td>L&amp;G</td>
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<tr>
<td>Uniq</td>
<td>2011</td>
<td>830</td>
<td>Rothesay Life</td>
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<td>L&amp;G</td>
<td>2015</td>
<td>675</td>
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<td>Undisclosed</td>
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<td>370</td>
<td>Rothesay Life</td>
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Jonathan is the Managing Director of Open Trustees Limited. Open Trustees Limited is a member of the PPF panel of trustees and has extensive experience of dealing with PPF+ cases.

JONATHAN HAZLETT
Open Trustees Limited
Chapter 3

Selecting insurers

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Is premium certainty needed?

As a trustee you have managed your scheme well and now found yourself in a position where you are able to approach the bulk annuity market. You have carefully considered which advisers to have by your side and together you have prepared well.

Your data is in good condition, you have carried out a feasibility exercise to show the market that a buy-out is affordable and you have considered your investment strategy. You come to market with a clear hurdle and a well thought out process.

Competition has been strong throughout the process and now on the receiving best and final offers from the insurers you and your advisers need to decide which one is the best partner for your scheme. Of course everyone will immediately be drawn to the headline premium, but this doesn’t always tell the whole story. Knowing what is included in each of the insurer’s premiums is important and understanding how much premium certainty each is offering should be carefully considered, especially in times when markets are volatile.

Premium certainty is less common than you may think in a bulk annuity transaction and a traditional bulk annuity comes with a few moving parts. Let’s look at these in turn alongside ways to mitigate them and create a more certain final offer at the point you select your insurer.

THE HEADLINE PREMIUM

When insurers provide a best and final quotation it will be based on a market conditions date in the past. This is the date used by all insurers for inflation assumptions, interest rates and investment spreads. Using a set date does make sure that all insurers are quoting on a consistent basis but it also means that by the time you are considering the proposals the premiums will have changed, and so will the value of your assets. It is then a more difficult task to understand how insurers’ pricing may have moved since – each insurer’s price will move in a different way and this will depend on the underlying assets they are assuming will be used to fund the transaction. This is not something the trustee usually has sight of.

To gain premium certainty during the period between exclusivity and inception a price-lock can be put in place. At the point exclusivity is granted it’s possible to convert the premium into a portfolio of assets (the “price-lock portfolio”). From that point forward the scheme is able to monitor how the premium is changing during the exclusivity period by tracking the specified assets. Ultimate premium certainty is achieved when the insurer is able to create a price-lock portfolio that is made up of assets already held by the scheme and offer this price-lock from the market conditions date of the best and final quotation (if it’s not too far in the past). The premium can then be paid simply by transferring the scheme assets to the insurer at inception of the policy.

THE BALANCING PREMIUM

In most bulk annuity transactions an initial premium is paid at the policy inception, and then after the data cleanse period (usually around 12 months after the initial premium is paid) a balancing premium is paid to reflect the cleansed member data. The balancing premium could either be additional money owing to the insurer or a refund to the scheme. The balancing premium will very much depend on the accuracy of the scheme data and any specific cleansing actions that were identified during the insurer’s due diligence process. The cost of the balancing premium will be unknown at the point of inception and therefore it is very difficult for the trustee to know the full cost of the transaction when selecting an insurer. Whether the balancing premium is positive or negative, it can create issues – such as affordability or “trapped surplus”.

A single premium structure allows the trustees to pay an up-front premium that covers everything. There will be no balancing premium to be paid at a later date. This structure will allow trustees to re-negotiate with the insurer before entering into the contract, with no surprises to come later. An up-front premium that covers everything is only possible if the insurer is willing to underwrite the risk and any additional costs associated with the data cleanse period. In a transaction with a finite market conditions date (which is most!) this structure allows trustees to react quickly to favourable pricing knowing that there will be no further premium required.

THE RESIDUAL RISKS

No scheme is completely free of outstanding risks once it has entered into a buy-in or buy-out, and from time to time issues may come out of the woodwork, that are not covered by the insurance policy. Perhaps even some of those benefit gremlins that Susie and Niamh discussed earlier in the publication (see page 26). Missing beneficiaries may also come to light or data errors that the trustee wasn’t aware of. These types of liabilities will need to be met by the trustees at the point they become aware of them. But how does a trustee ensure that they have enough funds to meet these potential liabilities? And how can any trustee take this into account when selecting their insurer?

The trustee could consider purchasing residual risk cover. Many insurers offer the ability to purchase this cover up front as part of the initial transaction or at a later date when winding up the scheme. Residual risk cover will provide premium certainty around any “unknown unknowns” from the point that the cover incepts. Understanding what each insurer is willing to offer and the scope of the cover is important during the initial insurer selection.

Residual risk cover can also be offered from the point of inception on buy-out transactions, for a fixed, upfront premium. This, together with a single premium structure, achieves ultimate security for trustees and their members.

Considering each of the structures I have mentioned above is probably something you should do before approaching the market. Each insurer’s solution is likely to be a little different, so remember, don’t be blinded by the headline premium, carefully consider what each insurer is offering and think about how much premium certainty you will require.
The bidding process: is it all about price?

“Price is what you pay, value is what you get.”

While Warren Buffett was “talking about socks or stocks” when he said this, the phrase is also relevant for any trustee purchasing bulk annuities, where value can be achieved through both transaction structuring and the choice of counterparty. There are many cases where the insurer providing the best price has not been the chosen insurer – because they have not provided the best value.

MALLOWSTREET IN PARTNERSHIP WITH ROTHESAY LIFE
Pension Risk Transfer Report
9% of schemes are focusing on finding a counterparty to transact with
The bidding process

IS IT ALL ABOUT PRICE?

TRANSACTION STRUCTURING CRITERIA

Once final insurer prices have been provided, the decision to go ahead with a transaction or not will typically depend on whether insurers have beat the hurdle set by the trustee. As well as the relative headline prices, trustees and sponsors need to consider:

1. How each insurer’s price will move during a period of exclusivity – is there a risk that pricing could become unviable over 2–6 weeks of contract negotiations or is the value “locked in”?

2. How the premium will be paid – are there transaction costs associated with selling assets to pay cash to one insurer that could be transferred in specie at no cost to another?

Both of these areas can create or destroy value in any transaction and make a difference to which insurer is providing the best economic terms.

COUNTERPARTY ASSESSMENT CRITERIA

Alongside structuring, as part of the value assessment of any transaction, trustees and sponsors must be confident that their chosen insurer has a robust financial and operational proposition. This includes an assessment of:

- Financial strength – this should span a range of areas including current levels of solvency, access to further capital and investment strategy;
- Administration capability – this should consider a variety of aspects, including service levels, resourcing, communications and policyholder views.

It is also often the case that trustees and sponsors determine their own criteria when assessing insurers. Again, on the Asda transaction, this included the views of the in-house administration team on how insurers had conducted themselves during due diligence (as a proxy for what insurers would be like to work with on an implementation of the policy), and the confidence that their investment advisers had in insurers to manage execution risks associated with the in specie transfer of the scheme’s assets (as an insight into the insurers’ ability to manage investment risk).

STRIKING A BALANCE

Having said all of the above, price will be a crucial factor on any bulk annuity transaction. As such, it is vital to maximise the engagement of insurers.

“Standing out from the crowd” to ensure that your transaction is prioritised is essential in achieving the best possible pricing. Striking the right balance between price and wider commercial terms is a careful balancing act and requires an understanding of what increases and decreases insurer engagement.

Overloading insurers with too much paperwork early on, can act as a distraction from achieving the best price yet failing to be clear about important commercial terms risks losing competitive tension during the insurer selection process. Accordingly, optimising this balance is the key to achieving value in the current busy bulk annuity market and requires a deep and current knowledge of both:

1. The terms available across all insurers for transactions of different sizes, and
2. An understanding of how insurers determine which cases to prioritise and to deploy their best pricing approaches.

Finally, in our experience, insurers respond well to schemes that have well thought through expectations and requirements in relation to commercial terms. Along with well prepared data and benefit specifications, having a clear set of terms available early in the insurer selection process demonstrates a strong sign of transaction certainty and helps insurers put their best foot forward as early as possible.

“Striking the right balance between price and wider commercial terms is a careful balancing act.”

Trustees should also consider the contractual terms offered. For instance, the extent to which different insurers can provide an exact match to the benefits paid by the scheme, the flexibility to carry out future strategic initiatives such as GMP equalisation (and any associated constraints), the certainty relating to the impact of any future data and benefit changes, and the ability to offer members benefit flexibility in the future, are all examples of non-price factors that should be carefully considered when choosing an insurer.

A good example of this was Asda’s £3.8bn transaction, which was a complex full scheme buy-out. In addition to requesting a headline price, we also sought insurer proposals in over 20 different structuring areas as part of the tender process. In practice, not all of these would have individually swung the insurer selection decision one way or another, but it highlights that there is significant value in many areas beyond just price.

44% of schemes affect their sponsor’s ability to grow


The deep-rooted perception in the UK pensions market is that the insurance regulatory regime, with all its oversight, safeguards and protections for policyholders, serves as the ultimate underwriter of insured benefits. This view has tended to delegitimize any financial strength distinction between competing insurers to a second-order or last-minute window dressing consideration. Not only does this perception fail to grasp the limits of our financial architecture but its implications on trustees decision making could get extensively tested by the economic ramifications of Covid-19.

The choice of an insurer to transact with on a defined benefit (DB) pension risk transfer exercise, such as a buy-in or buy-out, has historically tended to come down to price.

Michael Luo
Lincoln Pensions

Michael is an Associate Director at Lincoln Pensions and is a qualified Actuary. Since joining Lincoln in 2017, Michael has advised trustees and sponsors on matters related to employer covenant. In addition, Michael is also a core member of Lincoln’s “end-game risk-transfer” practice, advising schemes on pension risk transfer exercises.

Adolfo AponTE
Lincoln Pensions

Adolfo is a Managing Director at Lincoln Pensions where he leads Lincoln’s “end-game risk-transfer” practice, advising pension schemes, corporates and financial sponsors on a wide range of corporate transactions and funding structures. Many of his clients are in the financial services industries, including insurers, banks and asset managers.
Regulation of insurance companies in the UK

All companies carrying out insurance business in the UK are authorised by the Prudential Regulation Authority (PRA) and regulated by both the PRA and Financial Conduct Authority (FCA). The PRA and FCA have extensive powers to supervise and intervene in the affairs of insurers to protect policyholders. This includes the ability to sanction companies and individuals.

From 1 January 2016 insurers have been subject to the Solvency II regime which will still apply post-Brexit unless alternative rules are adopted.

The regime has three pillars:

PILLAR 1: quantitative requirements covering the amount of capital an insurer should hold

PILLAR 2: qualitative requirements in relation to risk management and supervisory activities

PILLAR 3: enhanced public and supervisory disclosure. For example, all insurers are required to publish a Solvency and Financial Condition Report setting out information in relation to governance, risk management and solvency.

Under Pillar 1, insurers are required to hold sufficient assets to cover:

- Their technical provisions which consist of a best estimate of their liabilities plus a risk margin. The risk margin is intended to be the discounted value of the future cost-of-capital relating to risks (other than hedgeable market risks) required to be held under Solvency II; and

- Capital required to have a 99.5% confidence that the insurer could survive the most extreme expected losses over the course of a year (the solvency capital requirement). For insurers writing life assurance or travel insurance that might be the impact of a pandemic such as Covid-19. For annuity providers, it could be the impact of a financial crisis.

Liabilities must generally be discounted at a risk-free rate of interest but insurers with illiquid liabilities such as annuities are permitted to discount their liabilities using the risk-free rate plus an illiquidity premium (the matching adjustment) derived from the risk-adjusted yield on the assets backing the liabilities. In order to qualify, these assets must have fixed cashflows, i.e. be assets such as corporate bonds and gilts. Assets such as equities and property would not be eligible. And of course, to the extent that insurers invest in riskier assets they must also hold additional solvency risk capital. In addition, insurers are required to abide by the prudent person principles when making investments. These ensure that insurers only invest in assets whose risks they can properly identify, measure, monitor, manage, control and report.

The board of the insurer determines its risk appetite – the risks it is prepared to take, the risks it wants to minimise and the solvency range it wants to target.

Insurance companies are required to put in place recovery plans which would automatically be triggered were solvency to fall below the companies’ target operating range. Plans might include cancelling dividends, raising new equity or debt, cutting costs, ceasing to write new business, reinsuring more or changes to investment strategy.

Ultimately, in the event of problems, the PRA has extensive powers to intervene including the ability to prevent dividends and to revoke approval to write new business.

Insurers must hold enough capital to have 99.5% confidence that they could survive the most extreme expected losses over the course of a year.
Having worked for trustees and sponsors, and both within and for insurers, it is clear how much hard work goes into getting a transaction to the point of exclusivity. It is only natural to feel that this is the milestone you have all been working towards and it prompts the question, “Are we there yet?”

EXCLUSIVITY TO INCEPTION

“Are we there yet?”

The answer is:

“Not quite”
Exclusivity to inception

“ARE WE THERE YET?”

The period of exclusivity has its own pressures and challenges. Some deals, although thankfully very few, have fallen over or been put on hold during this time. As with most journeys you need to remain focused in the final stages. Being prepared for what is next is key to staying on track.

What should you expect?

During exclusivity, there will be a number of moving parts, all with the (likely) backdrop of a time-limited price-lock that is ticking away daily. Your administrators and data will be subject to further analysis and scrutiny and you may need to facilitate site visits. Assets will need to be transaction ready and at the same time, the legal documentation will be negotiated.

WHAT SHOULD I LOOK OUT FOR IN THE LEGALS?

For many trustees, this will be their first experience of a bulk annuity contract. The agreements vary from insurer to insurer but some key clauses are likely to be of particular interest:

ON RISK DATE: it is important to understand when the insurer will be on risk for your pension liabilities. This could be as soon as the contract is signed or not until all of the premium hits the insurer’s bank account. Make sure you are comfortable with any delay and that it is entirely clear when the risk will be with the insurer.

WARRANTIES: most insurers will require significant trustee warranties to ensure that everything is in order. These will usually range from making sure you have authority to enter into the arrangement to confirming that the benefits being secured by the insurer are what members are owed. Most warranties are given when you enter the arrangement but some may also be required when you move to buy-out. You will need to ensure you understand the extent of these warranties and that wherever appropriate, they are backed with the right questions to, and comfort from, your advisers.

LIMITATION OF LIABILITY: closely linked to the warranties, you will want to understand how your liability is limited (usually to the assets of the scheme). You may need to consider how an employer indemnity or run-off insurance could help here.

MATERIAL CHANGE: although you will have a price and likely a price-lock that gives you certainty as you enter into a transaction, insurers will usually require a re-price right in the future. The triggers for a re-price vary but all centre around the idea of material change; the insurer is protecting itself against the liabilities not being what they expected when they entered into the transaction with you. It is important to understand what these triggers are. For most schemes who have prepared their data and benefits well in anticipation of a transaction, these shouldn’t pose an issue.

TERMINATION: insurers are generally reluctant to include termination provisions as bulk annuities are very much viewed as long-term partnerships. There may, however, be termination events linked to non-payment of the premium or fraudulent or negligent behaviour by the trustees. You will want to understand what could trigger termination, especially as the amount you receive after a termination event will be less that the premium you initially paid.

...things may change as the exclusivity period progresses – you will need to be ready to react.”

ANY TIPS?

1. Preparation is key – Although it won’t guarantee a seamless exclusivity period, it will mean problems are less likely to occur. Having your benefit specification and data in order and ensuring your advisers are geared up and on board will all pay off in the long run.

2. Right advisers – given the nature of the policy and the tight timescales involved, trustees and sponsors are increasingly querying whether their usual scheme advisers are necessarily the right ones to guide them through a bulk annuity transaction. Although there is no doubt that existing advisers are best placed to understand the benefits and the scheme history, many trustees are seeking the benefit of using specialist bulk annuity consultants and legal advisers in order to ensure a smoother transaction.

3. Plan – although not very glamorous, having a clear and well thought out timetable and project plan as you enter exclusivity is always worth it. You will want to make sure the trustees are meeting at the right times during this period. Are the discussions with asset managers all taking place at the right time? Will you have legal documentation in enough time to review and get advice on what you are entering into? Bear in mind that the insurers may also have their own timing concerns around full and half year ends.

4. Remain nimble – you will be limited on time and things may change as the exclusivity period progresses – you will need to be ready to react. Many trustees benefit from a smaller working group who can meet quickly and have the authority to take decisions to keep the deal on track.

This period of exclusivity is truly exciting and you are definitely “nearly there”.

Perhaps the greatest piece of advice is to ensure you have chosen the right insurer as your partner – they will be most likely to determine whether this last leg of the journey will be a smooth one.
Completion and implementation
In September 2019, Rothesay Life secured the benefits of the c.39,000 members of the GEC 1972 Pension Plan (the Plan) with a £4.7bn bulk annuity, the largest pension fund to secure a buy-out to date.

This in focus story, will look at the Plan’s journey to buy-out, approach to market, and some key learning points of the transaction.

BACKGROUND
In the early 2000s, Marconi sold the majority of its business to Ericsson, and rebranded itself as telent. As part of this deal, a £500m escrow account was placed in an escrow account to support the very large pension scheme that was retained by telent, and which overshadowed the size of the remaining business.

Over the following decade, given the asymmetric between the size of the sponsor and the size of the Plan, the Trustee board concluded that they had to manage the Plan on the basis that there was no associated sponsoring employer. Key decisions were made to de-risk the assets, hedge interest rates and inflation (including the caps and floors in respect of pension increases) and try to improve the funding level of the Plan with the aim of securing a buy-out by 2034.

APPROACHING THE MARKET
After following this plan for a number of years, the Plan had made significant progress on its funding position, ahead of schedule. At the end of 2018 the Trustee and sponsor together completed an initial feasibility analysis and found that they were close to buy-out than expected.

THE QUOTATION PROCESS
The direct articulation of objectives allowed the team at Rothesay Life to focus our resources on creating a tailored solution to meet the needs of all stakeholders. We were also able to accelerate our own due diligence process because of the thorough preparation steps taken by the trustee.

Together this enabled us to provide a fully underwritten, guaranteed premium at next of schedule. The premium was expressed in terms of a subset of the Plan’s assets, which would then move in line with this portfolio of assets up until the time it was transferred to Rothesay Life (please see the article from Tom Seecharan for further details).

The trustee and sponsor had a clear governance process which meant that they could respond quickly to accept our accelerated offer. Our ability to offer price certainty and mitigate execution risk during volatile markets made us an attractive partner for the Plan.

The premium also included cover for residual risks from the point of inception, giving the trustee full certainty on the costs of moving to buy-out.

LEARNING POINTS
• Preparation is key – focus on understanding your data, the scheme benefits to insure, and any potential legal issues ahead of coming to market.
• Clarify your objectives – and communicate these to insurers.
• Appoint the right advisers – a specialist broker or legal adviser may be beneficial, particularly for transactions with residual risk.
• Review your assets with insurers in mind – consider any trading or liquidity restrictions, and raise any potential issues with insurers early.
• A collaborative mindset can make deal completion smoother and ensures all parties’ needs are met.

At Rothesay Life, we tend to see each transaction as a joint venture between us and the Trustees, with everyone working together to achieve the same outcome – a successful transaction!
So, you have run a competitive process to agree a price; you have reconciled the cashflow modelling and benefit specification with the legal documentation and the administration practice; the covenant reviews are complete; and the key contractual terms have been negotiated. All that remains is to sign the contract and pay the premium.
Investment considerations

There are many considerations here also.

How will the premium move with changes in market conditions?

Can you immunise yourself from such changes?

What assets will the insurer accept and what will you need to sell?

Do you need to novate or close-out any swaps?

Making sure you are well prepared on the asset side of the transaction is key so we have attempted to pick out a few of the most important considerations here.

PLANNING AHEAD

One of the most common questions that pensions schemes ask us when they are starting to contemplate buy-out is: What is the best mix of assets to hold as they approach the market? Should they hedge with gilts or swaps? How many corporate bonds should they hold? The short answer is it depends on what you are trying to achieve.

If you have reached full funding and just want to reduce any volatility while you approach the market, then full hedging with either gilts or swaps, plus some limited exposure to corporate bonds (less than 50%) will achieve this. Achieving perfection isn’t really possible as different insurers’ prices will move differently so you can’t match them all. There is more on this subject in the article by Mette Hansen on page 42.

If you are looking for a smooth asset transfer by holding assets that an insurer will take as payment, then gilts are very simple to transfer, corporate bonds should be held also (although it will depend on how you hold these bonds and insurers may not want to hold all the same bonds), and it may be possible to novate swaps but this will depend on the details of the swaps and who the counterparties are. There is more on this subject in the article by Dan Hardiman on page 88. Where other asset classes are held, it is most likely they will need to be sold and the earlier this planning starts the better (particularly higher risk or illiquid asset classes).

GIVING YOU ABSOLUTE CERTAINTY

When you buy a house, the chances are you agreed a fixed price, your deposit is held in cash and your mortgage is for a fixed amount also. Even if the purchase takes months to complete, you don’t need to worry about your assets and liabilities moving apart from each other. With a bulk annuity things are more complicated, but there are still ways to get this risk under control:

- **Price-lock** – is an agreed mechanism that the insurer tells you in advance for how the premium will move. This means you can work out in advance how the premium will move versus your assets over the month or two that it might take to complete the transaction and whether you need to make any changes to bring the two in line.
- **Price-lock portfolio** – a price-lock is often set out as a complicated formula but it is sometimes expressed instead as a list of assets. This can be easier to understand and, more importantly, it means you could buy those assets and deliver them as payment also. This simultaneously removes a source of risk and ensures a quick and easy premium payment process. Win-win.
- **Gilt-lock** – this is a price-lock portfolio where the only assets listed are gilts. At Rothesay Life this is our standard approach. In addition to the gilts having the same value as the premium, we also design the gilt-lock to have the same risk profile (both interest rates and inflation) as the underlying liability profile. Typically, we try to reduce your hurdle still further by basing our gilt-lock as far as possible on gilts you already own.
- **Asset-lock** – this is the name for a price-lock portfolio which is entirely comprised of assets already held by the pension scheme. This has the benefit that the pension scheme is already completely immunised against price movements and, in the off-chance the deal doesn’t conclude, the scheme has not had to make changes to their asset mix which would now need to be unwound, potentially at great cost.
- **Price-lock period** – the period the insurer agrees to hold the price-lock for, typically six weeks.
- **Boundary conditions** – sometimes an insurer will build in protection for themselves that, in the event of pre-defined, significant changes in market conditions occurring, the insurer would no longer have to honour the price-lock but has the right to re-price the transaction.

You would be forgiven for wondering why doesn’t every scheme just request an asset-lock with a 12 week price-lock period and no boundary conditions? This is not always possible. The size and nature of a transaction will dictate what an insurer is willing to offer. In addition, there may be a trade-off between risk and cost. A long price-lock period with no limitations is extremely valuable for a scheme because significant market risk is being passed to the insurer and taking on this risk is something they may charge for. All this needs to be considered carefully. A good price with no boundary conditions may actually be a better offer than a better price but with boundary conditions.

What we need to give you our best

These are all important considerations and working with a specialist pension risk transfer adviser will help you through this complex process. It takes time and a good level of engagement for an insurer to build and refine a price-lock portfolio which best meets a pension scheme’s objectives. Providing early visibility on the assets held, setting out a clear objective and allowing us to engage with your investment adviser will give us the best chance to formulate a proposal which works for you.

TOM SEECHARAN
Rothesay Life

Tom joined Rothesay Life’s Business Development team in October 2019 and has over 18 years’ experience as a pensions actuary advising schemes and sponsors on assessing and managing pensions risk. Previously, Tom led KPMG’s UK Pensions Risk Settlement team since 2011.
We now look to highlight some of the key operational considerations that the pension scheme should consider in order to manage its risks and obligations in satisfying the delivery of the asset portfolio that at this stage has been agreed as the premium for the insurance contract.

Each scheme will be subtly different in terms of the assets that are held by the scheme and have been agreed with the insurer during the price-lock period, but likely they will fall into three buckets; bonds (gilts and/or corporates), derivatives (swaps), and cash. Ultimately all assets identified as the price-lock portfolio will be transferred to the insurer to satisfy the premium due, and as such it is key that all parties, the scheme, its custodian/bank and the insurer, have the same view of the assets and this is checked regularly.
Your assets

OPERATIONAL CONSIDERATIONS

We list the key considerations by asset class below:

CUSTOMY RELATIONSHIP

As a starting point – and although this may sound obvious its importance should not be overlooked – the scheme should ensure it has an easy way to track the bonds held by its custodian. If the scheme does not have the technology in place to view its assets, for example through a custodian portal, it should arrange to do so as it contemplates the buy-out. There should be no additional cost to the scheme of having this access, and it will make the bond and cash reconciliations much easier as the frequency increases. In addition, the scheme should ensure it has a senior relationship contact at the custodian who understands the transaction and can help the scheme with any trading or operational questions an insurer may have – for example designing and delivering any reports that you may need, and helping with specific settlement details with the insurer in a run-up to execution.

BONDS

The reconciliation and delivery of the bonds should be a relatively pain free exercise if you can track the bonds with ease. Some subtle points to watch out for:

• Reconciliations
  – Notional – ensure you are reconciling the face notional (the actual position you hold in custody and will be delivered to the insurer) and amortised notional (where relevant bonds which have repaid part of their principal balance through the life of the bond).
  – Record/Ex-div date – this is a key date to be aware of in order to track and reconcile expected bond interest receipts (this date determines a holder’s entitlement to bond interest), and is particularly important to track if the scheme is buying/selling assets or posting assets as eligible margin under their swaps.
  – Word of caution! Both the scheme and insurer should be aware of the ex-div date when agreeing the settlement date for the assets to be delivered – if the settlement date falls in between the ex-div date and payment date for a given bond, the scheme will receive the coupon as the holder of the bond on the ex-div date, and will need to transfer this to the insurer as a cash payment.
  – Previous and next interest pay date – the scheme should be aware of these dates to track and reconcile realised and future incoming cashflows which are due over the price-lock period. The insurer will be keen to confirm that the actual payment received matches the expected/acrued, so it can reconcile to its own expected cash balance.

• Settlement
  – Pre-execution – the scheme and insurer will need to confirm the logistical details around delivering the bonds to the insurer – this is where the scheme might want to pull in their custodian contacts. The scheme will likely have a five to ten-day period in which to deliver the assets, but in reality this can be achieved within two or three days if both sides are well prepared and agree on these details. Key points for each bond in the portfolio will be the agreement of:
    • Custody locations (which clearing system does the scheme currently hold the bond in, e.g. Euroclear, Clearstream, etc.)
    • Respective “SSIs” (custody account numbers of the scheme and insurer)
    • Trade date and settlement date to transfer the assets.

  – On execution – the scheme should give the instruction to the custodian to enter into the agreed delivery instructions and should confirm when they are matched with the insurer. This should be confirmed with the custodian and insurer and should include the instruction to the custodian. Reconfirming the matching status the night before settlement date means the bond delivery should then happen automatically in the clearing systems on settlement date. Ask your custodian (or check the status in the portal) for regular updates so you are aware, but the insurer should also provide you with these updates.

SWAPS

Where swaps form part of the premium to be transferred, these will be novated away from the scheme and to the insurer on signing date of the contract. The bank with whom you executed the trade remains a constant party to the contract. The swaps are the most complex asset to transfer operationally and we cannot cover all technical points here, but a sophisticated insurer (and your relationship manager at the bank) should be able to guide you through the process – it is a relatively standard process for them and the bank!

  – Legal confirms – let’s start from an assumed position that you have copies of all legal confirmations with your existing banks. Interest rate swaps will likely be electronic confirmed on industry standard systems/platforms such as MarkitWire, inflation swaps will be confirmed online. Make sure you have current copies of all confirms reconciled to your systems and have the trade hand, ready to send to the insurer when needed.

  – Spreadsheet – preparing for the price-lock you will want to build a spreadsheet showing the economics of each swap, row-by-row. Include your trade reference so you can easily reference a particular trade (the insurer and bank will also need this to execute the novation). Key columns the insurer will need include currency, effective date, fixed and floating rate, payment dates, notional, day count fraction, maturity date. This will enable the insurer to lock in and price a reasonably accurate representation of your swap portfolio in its own system.

  – Cash reconciliation – the insurer will want to reconcile any cashflows due under the swaps against the payment you are physically settling with the banks (both paying and receiving) in order to ensure their aggregate cash balance is in line with your actual balance – as they did with the bond interest covered earlier.

  – Margin – assuming the swaps are executed under standard ISDA terms, the scheme will likely be performing daily margin calls against the banks. Ensure you have a clear representation of any margin paid or received to the banks. You will need to recall or return this margin on execution. If you have posted bonds as margin, ensure you are aware of when those bonds are due to pay a coupon (see the ex-div date point above!) – you should ask the bank to pay this coupon to you as soon as possible in order that your actual cash balance matches the insurers assumed cash balance.

  – Execution – pre-execution you can expect the insurer to line each bank up to novate the swaps from the scheme in the run-up to execution. The scheme will have to discuss the expected novation with their bank but expect the insurer and bank’s operations and trading teams to help you through the specific legal and operational points required. The electronically confirmed swaps are novated through the system, the paper confirmed swaps will require a novation agreement, which should be drafted by the insurer (or the bank) and sent for your review.

  – On execution – when the contract has been signed the scheme should initiate the swap novation with the bank and the insurer via email. The insurer and bank will then take the lead on the operational processes to legally confirm the transfer, effecting it either through the electronic systems or by the three parties signing the paper confirm. Post-execution – the day after execution will trigger a recall of the margin balance that had been exchanged between the scheme and bank. This will settle either that day or the following day (in line with your standard arrangement). The scheme will then have to pass that recalled collateral through to the insurer, likely one or two days after receipt from the bank to give yourself a buffer against any fail.

CASH

You will be holding a running cash balance at your bank and your custodian which will simply represent your starting balance plus/minus any cashflows received on your bond portfolio and exchanged on the swaps. It is important to reconcile this balance through as this is the cash balance part of the premium that you will need to transfer to the insurer. Expect to reconcile your actual balance to the insurer’s on a weekly basis, which will likely step up to daily in the days running up to execution.

Transferring the cash is a standard wire process but, as with custody, having a good contact at your bank will be important in advising you of the safest way to transfer. Making a test payment of £1 before execution to check you have the insurer’s bank details correct would be sensible.

It may be that there are several cash transfers you will make: (i) a lump sum in your account available to transfer immediately; (ii) cash margin to be held from the banks and transferred within three to five days of execution; and (iii) bond coupons where you are in the ex-div period that could take anywhere up to 14 days to be received from the Issuer. The insurer should be sensible about agreeing how and when these should best be transferred.

COMPLETION

When all assets have been delivered you are there! The key points to take away to ensure a smooth and well-controlled process are clear communication, regular reconciliations, and management of your third parties. Ask the insurer for help if you are in any doubt. They will have done this before and what may seem a daunting task to you at the outset can be broken down into simple steps at each stage of the process.
It’s all about...

trust

The comms challenge of navigating good news
The comms challenge of navigating good news

You’re mid-flight, several thousand metres above the ocean of your choice. The captain comes on over the plane’s speaker to announce:

“Great news, everybody. We're finally handing over to a pilot who really knows what they’re doing.”

I’m sure your cool head will win out. You’ll process the news rationally, logically, to reach the inevitable conclusion that this is, of course, good news. Meanwhile, the stranger next to you grabs your arm and shouts, “What kind of chump was flying this thing before?”

And what does the captain expect you to do about this news? Well, there’s not much you can do. They probably only told you because some pesky legislation said they have to. They’ve got your best interests at heart, I’m sure. Or that’s what they’d say. DO YOU TRUST THEM? How do you explain things to your parochy neighbour?

This is the problem with a buy-out. It should be good news. But unless you’re careful it won’t feel that way. People assume any news about their pension is bad news. Just like the passengers on that flight, members will feel unnerved, perhaps suspicious... certainly confused. A few will even feel betrayed — in their eyes, this is the equivalent “escape” is transferring out. And that, unfortunately, is more tempting than the leap to the water. So if they don’t trust the crew, people will jump. And that’s before you take account of the sharks.

But unlike other comms challenges, this is one you can see coming. You’re planning for it. So when you’re planning your buy-out strategy, plan your comms. It will all go more smoothly if you do, especially if in the run-up to buy-out you’re operating any exercise that asks members to respond or make a decision. In the short term you’ll get a better response and you’ll help members make better decisions. But good comms can also help the scheme get a better deal.

There’s value to an insurer if they know members have responded in good numbers to comms exercises. These are easier members to work with. Many will self-serve. You’ve proved that they’re engaged and informed. That they won’t be calling up the hotline when they’re spooked by a headline.

The comms leading up to a buy-out are your opportunity to do two things:

**SHAPE YOUR STORY AND BUILD TRUST WITH YOUR MEMBERS.**

HOW YOU TALK TO MEMBERS AFFECTS WHAT THEY DO — AND THE VALUE OF THE SCHEME

On a plane I doubt you’d have many rushed for the parachutes because of a fluffed announcement. In a pension scheme the equivalent “escape” is transferring out. And that, unfortunately, is more tempting than the leap to the water. So if they don’t trust the crew, people will jump. And that’s before you take account of the sharks.

But unlike other comms challenges, this is one you can see coming. You’re planning for it. So when you’re planning your buy-out strategy, plan your comms. It will all go more smoothly if you do, especially if in the run-up to buy-out you’re operating any exercise that asks members to respond or make a decision. In the short term you’ll get a better response and you’ll help members make better decisions. But good comms can also help the scheme get a better deal.

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SHAPE YOUR STORY

As soon as you arrange information into an order. As soon as you say, “Because of that, we’re doing this…” As soon as you try to describe or explain change. Whether you like it or not, you’re telling a story.

The story is the result of the decisions you make about what you say and what order you say it in. And, of course, what you don’t say. Everybody needs to come out of this an expert in the technicalities of planning and executing a buy-out. In fact, nobody does.

We are an industry mesmerised and often paralysed by process. And from that process-focused crowd, who’s risen above the rest to handle the most “process-iest” of processes? You. Congratulations. There will be problems you have to solve. Steps you have to take. Many of them will keep you occupied for many, many hours. They will grow on you, fascinate you, even excite you. So how do you explain these things to the outside world? You don’t. The space you give something in your comms should not reflect the time you’ve spent on it. In fact, the relationship should almost always be inversely proportional. If something took you a long time to get right, you probably barely need to mention it, however brilliant your solution.

Goals and obstacles. Desires, frustrations and triumphs. These are the building blocks of story — not process. Oh, and it’s your members’ goals, desires and triumphs — not yours.

When your airline sells you that seat, it’s the destination that entices. The sun-kissed palm or the powdered piste. Not the route, the altitude or the torque in the turbines. You trust them to get you there.

So if you want to bust jargon, brave. Even better if you can talk in a way that gets rid of jargon completely. No busting required.

If you want quick fixes to make your language clear, reassuring and trusted, some small changes will make a big impact: use verbs instead of nouns, especially abstract nouns. (“Preparation for transaction”? Or, “getting ready to sign on the dotted line”?) Turn passive sentences into active ones. (“Once a policy has been issued…”? Or, “once the insurer issues your policy…”?) It’s not only clearer, it forces you to put people in. The instant human touch.

BUILD TRUST

There is no other context in a member’s life in which “wind-up” is a good thing. We’re used to this kind of language, but to the rest of the world it’s confusing and scary.

Most schemes want to “bust” jargon. And that’s fine. But your glossary of technical terms won’t nudge the needle when it comes to members’ instinctive responses. Before they get the chance to understand what you’re saying they’ll feel powerless. Beware a member who feels powerless: they’ll take action just to be doing something, even if it’s not in their best interests.

Members need to trust you. They need to feel like you will never let them down. It’s this, and not a good definition of a “bulk annuity”, that will help them make good decisions. It’s this that will protect them from scammers.

Your communication is your means of building that relationship — your choice of language matters. Do you trust your members or treat them as a commodity? What you say, however brilliant your solution, will grow on you, fascinate you, even excite you. So how do you explain these things to the outside world? You don’t. The space you give something in your comms should not reflect the time you’ve spent on it. In fact, the relationship should almost always be inversely proportional. If something took you a long time to get right, you probably barely need to mention it, however brilliant your solution.

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Implementing the monthly process

“The monthly process is often more complex than it looks on first glance and each scheme works differently, however the objective is the same for them all – making sure members are paid on time!”

Laura has been part of the Transition Management team at Rothesay Life since 2016, working closely with trustees and their administrators to facilitate multiple buy-in and buy-out transactions. Tullett Prebon, Toshiba, Allied Domecq and others are schemes Laura has worked with.

In advance of signing a buy-in or buy-out contract with Rothesay Life, and to ensure this process works seamlessly, our transition team will arrange a visit to the trustee’s administrator to explain how the new arrangement will impact on their current processes and what changes will be required. This meeting will ensure that the administrator is comfortable with the processes that are about to be agreed in the policy documentation and that they have the ability to implement these processes in practice.

THE PROCESS

The monthly process is often more complex than it looks on first glance and each scheme works differently, however the objective is the same for them all – making sure members are paid on time!

During the buy-in phase there are a number of different ways that Rothesay may agree to make payment to the trustee account each month.

Fixed payroll – a fixed monthly payment amount has been agreed in the policy documentation either for the monthly payroll alone, or for the payroll and the estimated commutation lump sums (ELS).

Pull payroll – the trustee administrator supplies Rothesay’s administration team with a payroll extract each month. Rothesay arranges payment of the lump sums with pdf copies of settlement papers (i.e. the insurer will make payment to the trustee who will then pay the member).

In order to calculate the correct payment for each month Rothesay will require regular information from the schemes administrators.

Movement reporting – the trustee administrator will provide details of member status changes made in the previous month, in a prescribed format, ahead of the monthly payment date each month.

Lump sums – in each scenario above (except where ELS amount has been fixed), the trustee administrator supplies a list of lump sum amounts due for payment by the trustee that month along with pdf copies of settlement papers (unless agreed otherwise). Rothesay Life arranges payment of the lump sums having checked the application of the correct factors.

Payroll adjustments – the trustee administrator will report on any payments returned to the trustee account relating to overpayments (often related to late notification of death), returned BACS and any payments made outside of the payroll (e.g. back payments being made to any suspended members who need reinstating) to Rothesay’s administration team.

Cashflow reconciliation – in the pull payroll scenario, Rothesay will complete a reconciliation of payments made to the trustee during the buy-in period, and calculate a true-up adjustment.

Whether a trustee has chosen to secure the future of a scheme with a buy-in or a buy-out, for both types of transaction there will be a buy-in phase and payments to members are paid via the trustee.

(i.e. the insurer will make payment to the trustee who will then pay the member)

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Cashflow reconciliation – in the pull payroll scenario, Rothesay will complete a reconciliation of payments made to the trustee during the buy-in period, and calculate a true-up adjustment.

THE TIMING

The monthly payment date is agreed in the policy documentation, and is usually two to three business days ahead of the date the scheme members are paid on by the trustee.

There is often a cashflow reconciliation of the payments due/paid at the end of a specified period (usually following receipt of a cleansed data file on completion of an agreed list of data cleanse activities) particularly where the pull payroll method has been operating whilst the trustee administrator completes data cleanse activities.

THE DETAIL

Rothesay uses a secure electronic file transfer site (SEFT) to send and receive reporting information between ourselves, our administration team and the trustee administrator.

Our administration team, overseen by the Rothesay transition manager, will review and approve payment requests and movement reports.

The Rothesay administration team will also check that data used in any commutation lump sum requests matches the original or updated cleansed data file supplied by the trustee, and will raise any immediate questions with the trustee’s administrator.

The Rothesay administration team will work closely with the trustee’s administrator to resolve any discrepancies and ensure that payments are made on time each month.

Movement queries with no immediate payment impact are collated into a query log and sent to the trustee administrator to investigate and respond before the next month’s reporting period.

Although the format and frequency of the monthly process will have been agreed in the policy documentation, it’s the relationship built between Rothesay and the trustee, including both parties’ administration teams, that will be key to providing a smooth ongoing payroll service to members throughout the buy-in and eventual buy-out.
Settlement GMP equalisation

GMP equalisation post Lloyds

For many years, trustees and their advisers have adopted a pragmatic approach to GMP equalisation when winding up their pension schemes. This has ranged from those who some years ago decided to do nothing to more recent (pre-Lloyds) cases where a value based approach was adopted and one-off enhancements made to provide scheme benefit style additional pension in the future.

Sadly, since the Lloyds case, that simplified approach has been called into question (in many people view actually curtailed completely as an alternative). The judgment appeared to offer the flexibility to convert GMPs and avoid having to re-engineer administration systems – but in the absence of any immediate guidance on how to complete GMP conversion without exposing some (senior and/or long-standing employees, therefore influential) scheme members to the possibility of significant tax consequences... The conversion challenge is further strengthened by the fact that many schemes will not necessarily know which members could suffer adverse tax consequences and are therefore not prepared to take an unquantified taxation risk for scheme members. For some smaller schemes, it may be feasible to collect information from scheme members to allow for conversion to be implemented without unknown tax consequences and in such cases we will be pleased to accept this approach.

“The conversion challenge is further strengthened by the fact that many schemes will not necessarily know which members could suffer adverse tax consequences...”

The dual administration approach has a number of challenges for insurers and trustees alike. All administrators are now involved in the inevitable significant overhaul of their systems and processes, and that combined with the challenges of collecting and analysing historical data (in a worst case scenario – nearly 30 years of history for an early 1990s retiree) means that in practice a fully implemented C2 solution is likely to be some years away for those schemes who are not compelled to fix the problem now. All of this work, both retrospective and future, comes at a considerable cost – it is therefore not surprising that most schemes continue to wait and hope that GMP conversion can be blessed by HMRC, even if this requires a piece of primary legislation to change the taxation rules.

For those who cannot wait, we have now offered to provide C2 administration, as soon as we are physically able to implement it (and taking into account the order of transactions we have entered into). This still requires the trustees to do the retrospective work and associated calculations in order to provide the reports required to administer the benefits going forward – in many cases this will be a heavy lift as records may not be readily available and may therefore need to be reconstructed using modelling and historical scheme-wide information. There seems to be no obvious reason why this part of the work shouldn’t progress for all schemes on their settlement journey – even if we are all fortunate enough to find a way through the conversion tax issues, the past underpayments need to be calculated and settled before benefits are then converted for the future.

On the basis that this problem arose during the period from 1990 to 1997, it is hardly surprising that the fix is taking some time to implement – the pensions industry has, after all, tried to ignore the problem for the best part of three decades on the basis that for most scheme members the benefit improvement will be relatively insignificant compared to the costs of implementation...

Lloyds Judgment

On 26 October 2018 Mr Justice Morgan handed down judgment in Lloyds Banking Group Pensions trustees Limited v Lloyds Bank PLC & Others. The judgment confirms that formerly contracted-out pension schemes are required to equalise GMPs between males and females, and identifies which methods it considers legally robust to achieve this.
To help trustees of data on members’ spouses.

There will be some areas where it may not have been approaching the insurance market for quotations.

Whilst most schemes will have undertaken some true-ups and issuance.

The outcome of the insurer’s due diligence and the scheme’s own preparation will often mean there are a number of data cleanse activities the trustees will be obliged to carry out under the bulk-purchase annuity contract before the insurer will issue individual policies to the scheme members.

The period from when a contract is initially signed to when individual policies are issued can be anything from a few months, if the data is in good order, to many months, even years if not. During this period, the data cleanse actions identified during the quotation phase need to be carried and then thoroughly checked and reviewed for completeness and accuracy. Where data was flagged as missing or incomplete, it can take time to collect and calculate, leading to delays in the transition process if sufficient resources are not made available to address these issues. To help trustees and their scheme administrators navigate their way through this often complex process, a member of Rothesay’s transitions team will be assigned to the case.

These are two areas where many schemes have traditionally collected data at the point of retirement or in the event of death, or in the case of GMP reconciliations struggled to balance the sheer volume of work involved with ongoing day to day administration, but both areas need to be carried and then thoroughly checked and reviewed for completeness and accuracy. Where data was flagged as missing or incomplete, it can take time to collect and calculate, leading to delays in the transition process if sufficient resources are not made available to address these issues. To help trustees and their scheme administrators navigate their way through this often complex process a member of Rothesay’s transitions team will be assigned to the case. They will work in collaboration with the project team and administration team to ensure all the required actions are carried out in accordance with the data cleanse requirements in the contract and in a timely and efficient manner.

During the initial quotation phase insurers are very likely to conduct their own due diligence on the data provided and may also seek to establish the legal entitlements under the scheme. They will review the benefit specifications supplied alongside the data and any scheme documentation to ensure the benefit specification effectively summarises the scheme rules and ties up with the data provided.

During the process of cleansing the data it is also important that any relevant data is updated and held accurately in the core administration records and importantly, is kept up to date. For example, in the case of contingent spouses pensions, this means increasing them each year at the same time as the normal pension record.

Other areas where benefits might not be reflected in the core administration data but may have been identified during the due diligence phase and therefore captured as a data cleanse action include, but are not limited to:

- pension sharing orders – which may have been seen stored in notes fields.
- transferred-in benefits – which may have been stored in a similar fashion.
- underpings – held outside of the core data.

Working with the incumbent administration team data items, such as these, need to be transferred out of non-core fields and either into primary data fields on the administration database or into an agreed format ahead of the administration data being passed across later in the process. This activity ensures all the relevant data held by the scheme administrator is included in the full administration data extract that will be passed across to the insurer at the point the scheme is ready to transfer responsibility for the administration and payment of benefits.

Upon completion of the data cleanse exercise and the updating of the administration database the trustee will be required to submit a revised data file as at the policy inception date, which accurately reflects the status of all members at that point in time and their correct level of benefits.

The insurer will review the revised data file and supporting benefit specification alongside the trustee’s summary of all the data cleanse actions undertaken. Changes made to the data and updated membership status details will invariably lead to changes to the insured benefits and a resultant adjustment to the original premium.

Following completion of the data cleanse and settlement of any premium adjustment. The transition enters its final stages, culminating in the insurer issuing individual policy documents to the scheme members.

At this point clear and concise member communication becomes imperative as the trustee prepares to hand over responsibility for the ongoing administration of the scheme to the insurer. Members need to be informed of the benefits that are being transferred and reassured that apart from a change in contact details and the insurer becoming responsible for payment of their benefits they should see no other changes.

Where the data cleanse has resulted in member benefits being adjusted members will need to be informed of any arrears they may be due or any overpayments that the trustee may wish to clawback.

Members will expect the policy documentation issued by the insurer to lay out clearly (and accurately) the benefits that are payable. A good measure of this is that members should be able to cross reference their benefits referred to in the final trustee communication to those stated in their individual policy document. Should they be so inclined, the scheme member, now a policyholder, should also be able to accurately calculate the amount of their own increases as they fall due, or confirm what benefit would be payable in the event of their death. It is at this stage the importance of the data cleanse activities and any revisions made to the supporting benefit specification become very clear. As to have left any data “uncertainty” or allowed any potential ambiguity to exist with regards the insured benefits is not aligned to the principles underlying the Treating Customers Fairly regime and also creates the potential for many future months of queries.

Once policy documents have been issued to the scheme members the insurer will make their first payment to their new group of policyholders and the trustee will be able to focus their attentions on the final stages of winding-up the scheme and rest assured they have secured the long-term benefits of their members, a job well done.

“To help trustees and their scheme administrators navigate their way through this often complex process a member of Rothesay’s transitions team will be assigned to the case.”

“... and rest assured they have secured the long-term benefits of their members, a job well done”
Wrapping up
Until death do us part

Selecting an insurer is somewhat like choosing a partner to marry. Bulk annuities tend not to have any provisions for divorce – they are intended to lock you together forever.

Whilst most buy-outs will reach the issuance of policies directly with members fairly quickly, some can take many years. Either way, the pensioner members have no divorce option and deferred pensioners cannot switch annuity provider without loss of guaranteed pension. So it is not just about selecting an insurer with the best price and contractual terms. It is also about fit and having a good relationship both in the exclusivity period up to signing and more importantly in the many years afterwards once the policy is in place.

When Rothesay Life launched in 2007 there was a clear reluctance to transact with untested start-ups. Multi-insurers such as Aegon and L&G have brands known to most pension scheme members and trustees naturally wanted to be able to reassure their members with a pension from a well-known firm. The preference became stronger with the global financial crisis and the start-ups either needed to be cheaper than the established players or have other clear advantages to meet a particular client need.

At Rothesay Life we came to the conclusion that in order to attract clients, we would need to:

- Lead the market in our thinking about how to solve client-specific issues
- Consistently do a very good job with and for our clients
- Be flexible and responsive to trustee needs in negotiating contractual terms and in running the contract after signing. Every scheme is different and has nuances and needs to achieve buy-out in their particular circumstances.

Establishing a brand this way has taken time. It is now 12 years after completing our first bulk annuity and we feel like we have a strong reputation amongst market experts and leading trustees. This shows in independent surveys we have commissioned to explore client and adviser views on where we could improve, nothing but positive feedback.

“Nothesay were very professional tackling each hurdle with a problem-solving attitude, this isn’t the case in my experience with their competitors.”

ANDY BOORMAN
Director BES/Trustees

“To be honest I find Rothesay a breath of fresh air, they are very easy to deal with and are very understanding.”

STUART REVILLE
International Pensions and Benefits Manager at a Financial Services client

“Rothesay have worked very well with our advisers; I have had nothing but positive feedback. I would have no hesitation in recommending Rothesay to anyone. They are thoroughly professional and keen to deliver, a good combination.”

LISA ARNOLD
Trustee Chair, Allied Domecq Pension Fund
mallowstreet survey results

mallowstreet’s mission is to empower every pension fund to make better decisions, meaning every person can have a better retirement.”

The survey results in this publication are based on a survey of 54 pension schemes. Key statistics on the participating schemes are detailed here.

We are a members-only online community website, with a portfolio of educational in-person and digital events that sits alongside. Both the website and the events are specifically for professionals in the institutional pensions industry and are accredited by the Pensions Management Institute.

Figures shown in brackets represent the number of schemes (one respondent per scheme). Some figures may not add to the total due to rounding.

“The journey to buy-out” is coming into focus.

BY ASSET SIZE

- $>10bn: 15% (8)
- £3-10bn: 17% (9)
- £1-3bn: 30% (16)
- £200m-£1bn: 18% (10)
- <£200m: 20% (11)

BY COVENANT STRENGTH

- Strong: 41% (22)
- Tending to strong: 37% (20)
- Tending to weak: 15% (8)
- Weak: 7% (4)

BY ENDGAME

- Buy-out: 41% (22)
- Self-sufficiency: 31% (17)
- Undeclared: 15% (8)
- Merger: 6% (3)
- Consolidation: 2% (1)
- Does not apply*: 6% (3)

*e.g. LGPS schemes or did not wish to disclose.

BY FUNDING LEVEL

ON BUY-OUT BASIS

- >90%: 31% (17)
- 80-90%: 31% (17)
- <80%: 33% (18)
- Does not apply*; 4% (2)

*e.g. LGPS schemes or working towards self-sufficiency.

BY TIME TO ENDGAME

- <1 year: 2% (1)
- <2 years: 11% (6)
- <5 years: 17% (9)
- <10 years: 40% (23)
- <15 years: 26% (14)
- Longer: 4% (2)

*Note: one scheme did not provide this information.

BY PERCENTAGE OF NON-PENSIONERS

- <20%: 4% (2)
- <30%: 2% (1)
- <40%: 11% (5)
- <50%: 9% (4)
- <60%: 18% (9)
- <70%: 11% (5)
- <80%: 13% (6)
- <90%: 20% (9)
- <100%: 11% (5)

Note: Based on Pension Funds Online information, where it was available at time of writing.

BY SECTOR

- Finance/Banking: 24% (13)
- Government: 6% (3)
- Information technology: 6% (3)
- Healthcare: 4% (2)
- Manufacturing: 13% (7)
- Transport/Logistics: 7% (4)
- Wholesale/Retail: 9% (5)
- Other: 31% (17)

BY DISCOUNT RATE USED

FOR BUY-OUT BASIS

- Gilts plus 26-50 bps: 11% (6)
- Gilts plus 1-25 bps: 20% (14)
- Gilts flat: 28% (15)
- Gilts minus 1-25 bps: 11% (6)
- Gilts minus 26-50 bps: 4% (2)
- Other*: 9% (5)
- Do not know: 11% (6)

*e.g. better of gilts and swaps, blended rate based on observed pricing for different liabilities, no discount rate on buy-out basis – technical provisions basis only.
Jargon Buster

Specialists in any topic tend to develop their own terms to describe the various aspects and operation of their market. To aid the reader of this and other reports on the market the pensions team at Linklaters has put together a summary of some key terms used in buy-in, buy-out and longevity transactions. Terms in bold and italics are defined terms.

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-risks</td>
<td>All-risks refers to a <strong>bulk annuity</strong> insurance policy which covers residual risks that a <em>buy-in</em> or <em>buy-out</em> would not normally cover i.e. potential liabilities outside of the core benefits. They vary in the scope of their cover and are often called <em>residual risk</em> policies (because they don't cover all risks in a literal sense).</td>
</tr>
<tr>
<td>Balancing Premium</td>
<td>This is the balancing amount which is payable under a <em>buy-in</em> to the Trustee or to the insurer once the data cleanse has been completed. Also called a premium adjustment.</td>
</tr>
<tr>
<td>Benefit specification</td>
<td>This document summarises all the benefits which are going to be insured by the insurer under the <em>buy-in</em> or longevity swap. It will also capture discretions and practices (for example in relation to pensions payable where there is financial dependency) and may look to codify these.</td>
</tr>
<tr>
<td>Benefits mismatch</td>
<td>This is where the benefits insured by the insurer do not exactly match those provided under the scheme.</td>
</tr>
<tr>
<td>Best estimate of liabilities</td>
<td>The “best estimate of liabilities” is an insurer’s best estimate of the net liabilities that it will have to pay out over the life of an insurance contract or group of insurance contracts. The <em>termination payment</em> (if any) in a <em>buy-in</em> or <em>buy-out</em> contract is often linked to the best estimate of the liabilities at the time of termination.</td>
</tr>
<tr>
<td>BoE</td>
<td>The Bank of England</td>
</tr>
<tr>
<td>Bulk annuity/Bulk purchase</td>
<td><em>A bulk annuity or a bulk purchase annuity is an insurance policy taken out by the Trustee. The insurance policy is in the Trustee’s name and is an asset of the scheme. The insurer will make scheduled payments under the policy to match the Trustee’s insured liabilities. The Trustee and its administrator continue to operate the scheme as usual but are funded by payments under the insurance policy. Members do not have direct rights against the insurer.</em></td>
</tr>
<tr>
<td>annuity/BPA</td>
<td>Standard operations or procedures relevant to a particular entity.</td>
</tr>
<tr>
<td>Buy-in</td>
<td>A buy-in is a <strong>bulk annuity</strong> policy that is held by the Trustee. This can either be held for the long term or simply for the period of time before moving to <em>buy-out</em>. A buy-in will always precede a <em>buy-out</em>. This is because the first step in buying-out will always be a <strong>bulk annuity</strong> policy with the Trustee (the buy-in policy) before the insurer issues individual policies for beneficiaries which achieves the buy-out.</td>
</tr>
<tr>
<td>Buy-in price or Initial</td>
<td>The initial amount which the Trustee will pay to the insurer on signing the <em>buy-in</em> policy to go on-risk. Subject to adjustment as part of the data cleanse.</td>
</tr>
</tbody>
</table>

**Term Explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buy-out</td>
<td>A buy-out refers to the process where the insurer steps into the shoes of the Trustee, and issues individual policies directly to scheme members. The members’ benefits are then provided directly by the insurer and members have direct rights against the insurer. The Trustee is discharged from liability in respect of those benefits it has bought out. If all benefits are bought out, the scheme usually winds up. A <em>buy-in</em> will precede buy-out. A <em>buy-in</em> that is intended to move to buy-out is often called a buy-out.</td>
</tr>
<tr>
<td>Collateral</td>
<td>Collateral refers to a pool of assets held as security in return for an insurer’s obligations under the insurance policy. If the insurer goes insolvent, or if certain triggers occur, the Trustee can have recourse to those assets. If a transaction is “collateralised” this means that there is collateral being held. The collateral is usually held by a separate custodian. There is no obligation to have collateral and most buy-ins do not.</td>
</tr>
<tr>
<td>Consolidator/Superfunds</td>
<td>The consolidators or “Superfunds” are occupational pension schemes that are set up for profit. A consolidator will take on the assets and liabilities of other defined benefit pension schemes by way of a bulk transfer. It is a single employer scheme with no link to the transferring pension scheme (or its sponsoring employers). No benefits are built up whilst in the consolidator’s scheme. The scheme will include a capital buffer which sits outside the scheme.</td>
</tr>
<tr>
<td>Coverage/cover</td>
<td>The insurer will only insure the benefits and risks the Trustee asks them to, and what they insure is the “coverage”. Therefore, any liabilities outside the scope of the coverage described in the contract or the <em>benefit specification</em> will not be insured and the Trustee will have to meet these from scheme assets. Whether or not a certain risk (for example GMP equalisation) is covered will be a matter of negotiation and may be subject to the payment of an additional premium.</td>
</tr>
<tr>
<td>Data cleanse (often also</td>
<td>This is a process where the administrator will cross-check and verify certain data they hold for the members of the scheme (usually referred to as the Initial Data) for the purposes of the <em>buy-in</em>. For example, this may involve checking members are still alive; whether their date of birth is correct; and whether their sex is correct. This is often referred to as verification. The data cleanse will likely be followed by a <em>Balancing Premium</em> also known as a Premium Adjustment. This can be a complex and lengthy process and can be carried out in advance of a de-risking project, or after the transaction has been entered into and before buy-out. The aim is to make sure the data is as accurate and complete as possible.</td>
</tr>
<tr>
<td>referred to as verification</td>
<td></td>
</tr>
<tr>
<td>Dis-intermediated structure</td>
<td>Some longevity swaps are structured this way. The insurer accepts limited liability and acts as a “pass through” or go-between and the Trustee contracts with the reinsurer as much as possible. Also referred to as a pass through structure.</td>
</tr>
<tr>
<td>Due diligence</td>
<td>The insurer or reinsurer will usually undertake some form of review before a buy-in or longevity swap. This is checking the scheme, its operations and its data to check they are happy to enter into a contract with the Trustee and to identify any issues they have.</td>
</tr>
<tr>
<td>Exclusivity</td>
<td>Where the Trustee agrees to only negotiate with a certain insurer for a possible transaction. It will usually last for a limited time. There is no obligation to transact at the end of it. Exclusivity may be documented in an exclusivity letter and is often provided as part of the insurer agreeing to a price lock.</td>
</tr>
<tr>
<td>Experience data</td>
<td>The data the Trustee holds about the deaths within the scheme.</td>
</tr>
<tr>
<td>FCA</td>
<td>The Financial Conduct Authority.</td>
</tr>
<tr>
<td>Finalised Data File/Verified</td>
<td>This is the member data post-data cleanse/verification (i.e. it has been checked, errors corrected) and the insurer and the Trustee have agreed that this is the final form data. There is often a <em>balancing premium</em> to pay once the final data has been agreed.</td>
</tr>
<tr>
<td>FSCS/Financial Services</td>
<td>This is the Financial Services Compensation Scheme, which is a scheme that compensates holders of insurance policies if the insurer goes insolvent, subject to certain conditions.</td>
</tr>
<tr>
<td>Compensation Scheme</td>
<td></td>
</tr>
</tbody>
</table>
A survey a Trustee may undertake of its members to get details of members’ marital status. This can be useful for insurers and reinsurers when pricing a transaction. This can be a working group set up by the Trustee with or without the scheme sponsor and is accompanied by the Non-disclosure Agreement.

Implementation
After the buy-in is executed, the operational aspects of the buy-in are put in place.

Inception
The date the policy is effective and the insurer goes on risk for the benefits.

Individual annuity/policy
These are the insurance policies issued by the insurer on a buy-out in the name of each scheme member entitling them to benefits equivalent to their rights under the scheme. The Trustee and scheme cease to be liable to the member.

Individual surrenders (i.e. CETVs)
Where a member or beneficiary surrenders or commutes their benefits instead of receiving benefits from the scheme or insurance policy. Common examples are a cash equivalent transfer value (CETV) or a trivial commutation lump sum.

Initial Data File/Initial Data
This is the spreadsheet, or other file, containing the key data for payment of members’ benefits (i.e. names, NI numbers, dates of birth, pension in payment). This is normally provided right at the start of the process to insurers, who will return their price on the basis of that document. It is usually different to the Trustee’s scheme specific factors.

Initial Period
The period under the contract before the Finalised Data File is confirmed.

Insurer factors
These are the factors the insurer uses to calculate benefits such as reduction to pension for early payment or the factors used when pension is being commuted for tax-free cash. These are usually different to the Trustee’s scheme specific factors.

ITQ/RFP
Invitation to quote or request for proposal: This is essentially a tender which goes out at the start of the process to insurers, who will return their price on the basis of that document. It is usually accompanied by the benefit specification.

Joint working group
This can be a working group set up by the Trustee with or without the scheme sponsor and is used as part of managing entering into a buy-in, buy-out or longevity swap.

Longevity
How long members live for.

Longevity swap
An insurance policy similar to a buy-in but the only risk the insurance policy covers is longevity. It covers the risk of members living longer than expected. The survival of dependants is usually covered as well.

Longevity swap novation/ conversion
This is where a longevity swap is turned into a buy-in with the reinsurer counterparty in the longevity swap providing the reinsurance to the buy-in insurer.

Marital status data
This is data that confirms the member’s marital status that can be useful for insurers and reinsurers when pricing a transaction.

Marital status survey
A survey a Trustee may undertake of its members to get details of members’ marital status. This can be useful for insurers and reinsurers when pricing a transaction.

Material change
This is where as a result of the data cleanse there is a large change in the data and can lead to the insurer being able to re-price the transaction or in some circumstances even terminate if the change is large enough.

Minimum capital requirement
This is the absolute minimum level of capital that insurers can hold without losing their licence. As described below, Solvency II requires a level of capital high above that minimum.

Missing beneficiaries
Members of the scheme that the Trustee does not know about.

Mortality Risk
The risk that a person dies. Where insurers have provided life cover that pays out on death they often reinsure this mortality risk in the life reinsurance market. When the same reinsurers also insure longevity risk for pension schemes or bulk annuity insurers, the two risks can offset and reduce the capital requirements for the reinsurer.

Non-disclosure Agreement
This is put in place when the Trustee wants to pass scheme (including member data) to the insurer so the insurer can quote a price. This governs the insurer’s use of that data and includes protections for the Trustee.

On risk
The point in time at which the insurer becomes liable under the buy-in or longevity swap in respect of the insured benefits (and goes “on risk”).

Part VII Transfer
This is a court-approved regulatory process for an insurer to transfer some or all of their business to another insurer. The process is overseen by the court, the PRA and the FCA, and an independent expert is appointed to consider the impact of the transfer on policyholders, including any Trustee who holds an insurance policy.

PPF+ Buy-out
This is a buy-out where benefits are secured at a level below full scheme benefits but greater than PPF compensation. This is usually done either following the sponsor’s insolvency (where the scheme is funded above PPF levels) or as part of a restructuring to allow the survival of the sponsor (such as a regulated apportionment arrangement).

PRA
The Prudential Regulation Authority.

Premium adjustment
This is where the premium paid by the Trustee to enter into the buy-in may change. This is often because of a true-up due. This is also called a Balancing Premium.
### Price lock/gilt lock/ price-lock portfolio/asset lock
At the outset of the transaction, the insurer’s pricing terms may be agreed relative to market conditions. Therefore, over time, the exact amount of the premium moves in line with market conditions or the insurer’s investment strategy. This leads to a risk that the premium moves so much that the Trustee can no longer afford it.

In order to pay the premium, the Trustee will usually set aside cash and assets (i.e. shares, bonds, gilts) to fund the premium. Under a “Price-Lock Portfolio” the insurer agrees that their premium will be tracked in line with a portfolio of identifiable assets usually gilts but often also including corporate bonds and swaps. If it is entirely made up of gilts then it is called a gilt lock.

This means that the Trustee can make sure the movement in their assets matches the movement in the premium. Where the Price-Lock Portfolio matches assets held by the Trustee then it is often called an Asset Lock. The “price lock” is usually agreed at the outset of exclusivity.

### Pull admin payroll
This is the payroll mechanism provided for in the buy-in where the Trustee calculates the amount due for each payroll and informs the insurer of the amount payable to the Trustee.

### Push admin payroll
This is the payroll mechanism provided for in the buy-in where the insurer calculates and pays the amount due for each payroll.

### Query log
As part of the insurer or reinsurer’s due diligence, they may ask certain questions about the scheme’s data and benefits. The queries and answers will be recorded in the query log.

### Reinsurer/reinsurance
The insurer with whom the Trustee transacts may itself insure some of its liabilities with another insurer, called a reinsurer. The reinsurer will not be involved with the Trustee in the buy-in or buy-out transaction as they do not have the right regulatory permissions to deal with the Trustee directly. The insurer may have restrictions on its ability to insure certain benefits if it cannot obtain reinsurance in the market. The Trustee may have more interaction with the reinsurer under a longevity swap depending on the structure.

### Residual risks
These are types of risk outside of the core benefits that a buy-in or buy-out would not normally cover, for example, the risk of missing beneficiaries within the scheme or that the benefits provided are incorrect. A policy that covers residual risks is sometimes called an All-Risks policy, even though this is a misnomer as it doesn’t cover all possible risks.

### Risk margin
Risk margin is an amount in addition to the best estimate of liabilities that is designed to represent the additional cost of getting a willing insurer to take over the liabilities. It acts to increase the capital that the insurer is required to hold and is calculated in accordance with Solvency II.

### Run-off cover
This is insurance cover the Trustee can take out on winding up the scheme which covers risks not covered by the buy-out, all-risks or residual risks cover. Examples of the cover provided includes cover for costs in defending any claims that may be brought against the Trustee. It is usually provided by the general insurance market and is separate from the bulk annuity policy.

### SEFT site
A site which allows for secure transfer of data electronically. This is often used to provide the insurer or reinsurer access to the scheme’s data in a transaction and ensure the data is protected.

### Selection risks, anti-selection
The risk where one party uses information the other does not have to its advantage. For example, if the Trustee had done a medical questionnaire of its membership and knew that the health of the members it was choosing to insure was above average and the insurer is not aware of this.

### Single premium
This is where the Initial Premium is the only premium due and no Balancing Premium will be payable.

### Solvency II
Solvency II is an EU directive which regulates how insurers can carry out their business. It imposes Solvency II capital requirements on insurers, so that they can withstand economic and other shocks. The requirements of Solvency II are linked to the amount of an insurer’s liabilities.
The journey to buy-out
WE HOPE YOU ENJOYED THE RIDE

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