

ACTUARIAL INVOICE

Invoice No: _____
Date: _____
Due Date: _____

INVOICE TO

ATTN

PENSION PLAN INFORMATION

Plan Name: _____

Plan Year: _____

Valuation Date: _____

| ACTUARIAL SERVICE DESCRIPTION | HOURS / QTY | RATE | TOTAL |
|---|-------------|-------|-------|
| Annual Actuarial Valuation (funding and accounting disclosures) | _____ | _____ | _____ |
| Preparation of ASC 715 / GASB 67/68 Financial Reporting | _____ | _____ | _____ |
| Form 5500 Schedule SB Certification | _____ | _____ | _____ |
| PBGC Comprehensive Premium Filing Certification | _____ | _____ | _____ |
| Actuarial Consulting & Plan Design Studies | _____ | _____ | _____ |

Subtotal: _____

Tax/Other: _____

Total Due: _____

PREPARED BY (ACTUARY SIGNATURE)

Credentials: _____

APPROVED BY (CLIENT SIGNATURE)

Date: _____

Payment Terms

Thank you for your business.