## Modelling Annuity Portfolios and Longevity Risk with Extended CreditRisk<sup>+</sup>

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## Population Aging - United Nations Data (2012): percentage aged 60 years or over, 2012 vs 2050 forecast



2012

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## Age distribution of the world's population





2010

#### B. More developed regions



1970





2050

- The world population is getting older fast! Life expectancy 78 years (2010-2015) and 83 years by 2045-2050 in developed regions. Older persons will outnumber children (0-14 years) soon.
- **Pressure on the government budgets**: in Australia the total age/service pension payments are \$34.8 billion in 2011-12.
- Australian superannuation industry is large (and getting larger).
   \$1.6 tn in assets under management, it is now greater than the capitalization of the ASX, and greater than the combined deposits of all Australian banks; exceeds the size of domestic GDP.
- Longevity risk (potential risk attached to the increasing life expectancy of pensioners and policy holders "outliving one's savings")
  - potential solutions for retirees: purchase "peace of mind" e.g. annuities; access home equity - reverse mortgage; rely on government pension; Continue Working!
- CSIRO-Monash superannuation research cluster 2013-: retirement products (variable annuities with guarantee features), depletion rates of super balance, longevity risk, life-cycle utility model, superannuation and economy.

#### Outline

- We develop a model to derive loss distributions of annuity portfolios over one period.
- The model is based on extended CreditRisk<sup>+</sup>.
- There exists a numerically stable and fast algorithm to derive loss distributions and risk measures exactly.
- Based on publicly available data we provide estimation procedures, including MCMC.
- The model can also be applied to model life tables and mortality forecasts.
- Stress scenarios can also be tested.
- Setup to model new insurance contracts.

This talk is based on draft papers:

Hirz, Schmock and Shevchenko (2015) available on http://arxiv.org/abs/1505.04757 Shevchenko, Hirz and Schmock (2015) to appear in MODSIM 2015 proceedings.

## Mortality modelling

- Deterministic survival models for  $\Pr(T_x > t) = \exp(-\int_0^t \mu_{x+s} ds)$ ,  $T_x$  is remaining lifetime of a person aged x and  $\mu_s$  is mortality intensity: Gompertz (1825)  $\mu_x = Bc^x$ , Makeham (1860)  $\mu_x = A + Bc^x$ , Perks (1932)  $\mu_x = \frac{A+Be^{\gamma x}}{1+Ce^{\gamma x}}$ ; Thatcher (1999)  $A + \frac{Be^{\gamma x}}{1+Be^{\gamma x}}$ , etc.
- Subjective opinions of experts
- Stochastic modelling is more recent development (state-space models, GLM, etc.): benchmark method is Lee-Carter model (1992), given the number of living people  $m_{a,g}(t)$  as well as annual deaths  $n_{a,g}(t)$ , for age a, gender g and years  $t \in \{1, \ldots, T\}$ , the death rates are modelled as

$$\log \hat{q}_{\mathrm{a},\mathrm{g}}(t) = \log \frac{n_{\mathrm{a},\mathrm{g}}(t)}{m_{\mathrm{a},\mathrm{g}}(t)} = a_{\mathrm{a},\mathrm{g}} + \kappa_t \, b_{\mathrm{a},\mathrm{g}} + \varepsilon_{\mathrm{a},\mathrm{g},t} \,, \quad t \in \{1,\ldots,T\} \,,$$

with independent normal error terms  $\varepsilon_{a,g,t}$ .

• Life Tables - point estimators for death probabilities

## Observation I

When applying life tables to annuities, death probabilities have to be reduced by minimal risk margins to account for longevity (e.g. DAV in Germany):

- Mortality trends: For example, Lee–Carter model.
- $\sim$  7%: Statistical fluctuation.
- 10%: Parameter risk, structural differences.
- 15%: Selection risk.



UK, projected life expectancy at birth for males 1966-2031. Office of National Statistics

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Australian mortality rates due to different death causes show significant patterns, also on a short-term scale (1997-2011).



Develop a model which derives **loss distributions** of annuity portfolios over one period which

- takes into account some of the risks mentioned before to account for **longevity**,
- accounts for changes in rates of different death causes,
- accounts for dependence between policyholders,
- has a potentially short runtime (not Monte Carlo),
- can model any kind of annuity (index-linked, variable annuities),
- has the feature of stress testing.
- forecast of death rates and death causes

Collective risk model *extended CreditRisk*<sup>+</sup> (see Schmock (2014), short ECRP, and CRP (1997)) is able to cover all those attributes, if **default** is treated as **death**.

We know:

- ECRP allows an explicit calculation of the loss distribution via a stable and fast algorithm.
- ECRP can be applied to any kind of annuity (index-linked, variable annuities).
- ECRP allows flexible handling of dependence through common stochastic risk factors.

#### Notation and setup

- Policyholders 1, ..., m.
- Death indicators  $N_1, \ldots, N_m \in \mathbb{N}_0$  (random variables) where  $\{N_i = 0\}$  indicates 'no death'.
- Independent stochastic or deterministic **annuity payments**  $X_1, \ldots, X_m \in \mathbb{N}_0$  (may be multi-dimensional including discounted actuarial reserve and different lines of business) and annuities which need not be paid in the case of death  $Y_1, \ldots, Y_m \in \mathbb{N}_0$ , mutually indep. and indep. of  $N_1, \ldots, N_m$ .

#### Total portfolio loss

For i.i.d. copies 
$$\{Y_{i,j}\}_{j\in\mathbb{N}}$$
 of  $Y_i$ , for  $i \in \{1, \ldots, m\}$ , derive

$$L := \sum_{i=1}^{m} X_i - \sum_{i=1}^{m} \sum_{j=1}^{N_i} Y_{i,j}.$$

What assumptions on death indicators  $N_i$  in

$$S := \sum_{i=1}^{m} \sum_{j=1}^{N_i} Y_{i,j}$$
?

- In reality,  $(N_i)$  are **Bernoulli** distributed: Monte Carlo.
- If  $(N_i)$  are independently **Poisson** distributed with mean  $(\lambda_i)$ , then Panjer's recursion can be applied, i.e., for  $\lambda := \sum_{i=1}^{m} \lambda_i$ ,  $q_{\nu} := \sum_{i=1}^{m} (\lambda_i / \lambda) \mathbb{P}(Y_i = \nu)$ , and  $\mathbb{P}(S = 0) = \exp(-\lambda)$  $\mathbb{P}(S = s) = \frac{\lambda}{s} \sum_{\nu=1}^{s} \nu q_{\nu} \mathbb{P}(S = s - \nu)$ ,  $s \in \mathbb{N}_0$ .
- If (*N<sub>i</sub>*) are **compound Poisson** distributed, then Panjer's recursion can still be applied in some cases as in (extended) CreditRisk<sup>+</sup>.

Calculation of distribution of  $Z = X_1 + \ldots + X_N$ , where N is random, is classical problem of risk theory

- Define  $f_k = \Pr[X_i = k\delta]$ ,  $p_k = \Pr[N = k]$ ,  $h_k = \Pr[Z = k\delta]$ , with  $f_0 = 0$  and k = 0, 1, .... Then  $h_n = \sum_{k=1}^n p_k f_n^{(k)*}, \quad n \ge 1,$   $h_0 = \Pr[Z = 0] = \Pr[N = 0] = p_0,$ where  $f_n^{(k)*} = \sum_{i=0}^n f_{n-i}^{(k-1)*} f_i$  with  $f_0^{(0)*} = 1$  and  $f_n^{(0)*} = 0$  if  $n \ge 1$ .
- The number of operations to calculate  $h_0, h_1, \ldots, h_n$  using convolutions explicitly is of the order of  $n^3$ .
- If the frequency N belongs to the so-called Panjer classes, calculation is reduced to a simple recursion introduced by H. Panjer in 1981 and referred to as Panjer recursion, that required  $O(n^2)$  operations.

#### Theorem (Panjer recursion)

If the frequency probability mass function  $p_n$ , n = 0, 1, ... satisfies

$$p_n=\left(a+rac{b}{n}
ight)p_{n-1}, \hspace{0.3cm} ext{for} \hspace{0.3cm} n\geq 1 \hspace{0.3cm} ext{and} \hspace{0.3cm} a,b\in \mathbb{R},$$

then it is said to be in Panjer class (a, b, 0) and the compound distribution satisfies the recursion

$$h_n = \frac{1}{1 - af_0} \sum_{j=1}^n \left(a + \frac{bj}{n}\right) f_j h_{n-j}, \quad n \ge 1,$$
  
$$h_0 = \sum_{k=0}^\infty (f_0)^k p_k.$$

- Poisson, Binomial, Negative Binomial belong to Panjer class (a, b, 0).
- There are several extensions to Panjer class and Panjer recursion; see Cruz, Peters and Shevchenko (2015) and Peters and Shevchenko (2015).

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Multiple deaths of a single policyholder can occur when using (compound) Poisson distributed deaths, but:

#### Multiple deaths are not a major issue

- Since annual death probabilities are small for most ages, multiple deaths are unlikely.
- Multiple deaths is not a major issue for longevity risk modelling.
- Approximations using Poisson sums are justified by Poisson approximation and generalisations of this result (Vellaisamy and Chaudhuri (1996)).
- With proper scaling, we get accurate results (next example).

- $m = 1\,000$  policyholders with annual death probability q = 0.05.
- For policyholder *i*, let X<sub>i</sub> be LogNormal with μ = 4 and σ = 0.5. Let U<sub>i</sub> ∼ U(0, 1] and define Y<sub>i</sub> := X<sub>i</sub> U<sub>i</sub>.

Using 10 000 simulations derive  $S := \sum_{i=1}^{m} \sum_{j=1}^{N_i} Y_{i,j}$  where  $Y_{i,j} \sim Y_i$ , for  $N_i$  being Poisson as well as Bernoulli distributed, both with  $\mathbb{P}(N_i = 0) = 1 - q, i \in \{1, ..., m\}.$ 

		Bernoulli	Poisson
VaR(S)	0.01	1 007.87	1005.16
	0.05	1 174.09	1 170.17
	0.15	1 325.84	1 324.91
	0.99	2 333.72	2 373.00

#### Annuity model with risk factors

For all policyholders  $i \in \{1, \ldots, m\}$ :

- Annual death probability  $q_i^*$  and set  $q_i := -\log(1 q_i^*)$ .
- Risk factors Λ<sub>1</sub>,..., Λ<sub>K</sub> are independent and have gamma distributions with mean 1 and variances β<sub>1</sub>,..., β<sub>K</sub>.
- Death indicators are split up N<sub>i</sub> = N<sub>i,0</sub> + N<sub>i,1</sub> + ··· + N<sub>i,K</sub> due to different risk factors (death causes) with corresponding weights w<sub>i,0</sub>,..., w<sub>i,K</sub> ≥ 0 such that w<sub>i,0</sub> + ··· + w<sub>i,K</sub> = 1.
- $N_{i,0}$  is independent of everything else,  $\mathcal{L}(N_{i,0}) = \operatorname{Poi}(q_i w_{i,0})$ .
- (N<sub>i,k</sub>)<sub>i,k</sub> are conditionally independent given Λ<sub>1</sub>,..., Λ<sub>K</sub> and they have a compound Poisson distribution

 $\mathcal{L}(N_{i,k} | \Lambda_1, \dots, \Lambda_K) = \mathcal{L}(N_{i,k} | \Lambda_k) = \operatorname{Poi}(q_i w_{i,k} \Lambda_k)$ 

#### Interpretation and comments on the annuity model

- Risk factors Λ<sub>1</sub>,..., Λ<sub>K</sub> represent causes of death such as neoplasms, cardiovascular diseases or idiosyncratic components. The variation in this risk factors represents unexpected improvement in medication or outbursts of epidemics, etc.
- E.g., a low value of the risk factor for neoplasms  $\Lambda_k$  reduces the Poisson intensity in  $\operatorname{Poi}(q_i w_{i,k} \Lambda_k)$  and implies reduced death probability which may be the case if a new cancer treatment is available.
- The weights  $w_{i,k}$  indicate how vulnerable policyholder *i* is to risk factor  $\Lambda_k$ .
- General case of extended CreditRisk+ can be used to model **risk** groups with simultaneous deaths of policyholders in the group (e.g. couple dies in a car crash, people living near a vulcan, virus outbreaks), further dependence (negative and positive) between death causes can be introduced via linear structure  $\Lambda_c = a_{c,0} + a_{c,1}R_1 + \cdots + a_{c,K}R_K$  where  $R_k \sim Gamma(\alpha_k, \beta_k)$ .

Given the annuity model with K non-idiosyncratic risk factors, let  $k \in \{1, \ldots, K\}$  and consider policyholder  $i \in \{1, \ldots, m\}$ . Then, for the number of deaths  $N_{i,k}$  due to risk factor  $\Lambda_k$  we have

$$\mathbb{E}[\mathsf{N}_{i,k}] = \mathbb{E}[\mathbb{E}[\mathsf{N}_{i,k} | \Lambda_k]] = \mathbb{E}[q_i \, \mathsf{w}_{i,k} \Lambda_k] = q_i \, \mathsf{w}_{i,k} \,,$$

$$\begin{aligned} \mathsf{Var}(N_{i,k}) &= \mathbb{E}[\mathsf{Var}(N_{i,k} | \Lambda_k)] + \mathsf{Var}(\mathbb{E}[N_{i,k} | \Lambda_k]) \\ &= q_i \, w_{i,k} (1 + q_i \, w_{i,k} \beta_k) \,. \end{aligned}$$

Analogously, for all  $i, j \in \{1, ..., m\}$  with  $i \neq j$ ,  $Cov(N_{i,k}, N_{j,k}) = \mathbb{E}[Cov(N_{i,k}, N_{j,k} | \Lambda_k)] + Cov(\mathbb{E}[N_{i,k} | \Lambda_k], \mathbb{E}[N_{j,k} | \Lambda_k])$  $= q_i q_j w_{i,k} w_{j,k} \beta_k$ .

## Algorithm for (extended) CreditRisk<sup>+</sup>

For 
$$S = \sum_{i=1}^{m} \sum_{j=1}^{N_i} Y_{i,j}$$
 the algorithm is given by  
 $\mathbb{P}(S = \nu) = \frac{\lambda}{\nu} \sum_{n=1}^{\nu} nc_n \mathbb{P}(S = \nu - n), \quad \nu \in \mathbb{N},$   
where  $\mathbb{P}(S = 0) = \exp(\lambda(c_0 - 1))$  with  $\lambda, c_0 \in \mathbb{R}$  and  
 $c_{\nu} = f(b_{1,\nu}, \dots, b_{K,\nu}), \quad \nu \in \mathbb{N}_0,$   
where, for all  $k \in \{1, \dots, K\}, b_{k,0} \in \mathbb{R}$  and

$$b_{k,
u} = g_
u(b_{k,1},\ldots,b_{k,
u-1}), \quad 
u \in \mathbb{N}_0,$$

with some functions  $g_1, g_2, \ldots, f$ .

**Idea of proof:** Deriving the probability-generating function of *S* for all  $z \in \mathbb{C}$  with  $||z||_{\infty} \leq 1$  gives

$$\mathbb{E}[z^{S}] = \sum_{\nu \in \mathbb{N}_{0}} \mathbb{P}(S = \nu) z^{\nu} = \exp\left(\lambda(\tilde{\varphi}(z) - 1)\right), \tag{1}$$

where  $\tilde{\varphi}(z) = \sum_{\nu \in \mathbb{N}_0} c_{\nu} z^{\nu}$ . The form of the probability-generating function implies that S is a Poisson sum, see Schmock (2014).

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- Historical data of annual number of deaths n<sub>a,g,k</sub>(t) ∈ N<sub>0</sub> categorised by age a ∈ {1,..., A}, gender g ∈ {f, m} and death cause k ∈ {0,..., K} for years t ∈ {1,..., T}.
- For Australia: Long-term data for 18 age groups, both genders with 19 death causes available.
- Corresponding historical population counts  $m_{a,g}(t)$ .

#### Data and model linkage

 $n_{a,g,k}(t)$  correspond to realisations of the random variable

$$N_{\mathrm{a,g},k}(t) := \sum_{i=1}^{m_{\mathrm{a,g}}(t)} N_{i,k}(t) \,,$$

#### Simplifying assumptions for consistent estimation

Additionally assume the following:

- Weights and death probabilities are the same within each age category and gender.
- Risk factor variances  $\beta_1, \ldots, \beta_K$  are constant over the years.
- All random variables are independent for different points in time.
- Over short periods trends in death probabilities take the form

$$\log q_{\mathrm{a,g}}(t) = a_{\mathrm{a,g}} + (T-t) b_{\mathrm{a,g}} \, ,$$

and trends in weights

$$w_{\mathrm{a,g},k}(t) = c_{\mathrm{a,g},k} + (T-t) d_{\mathrm{a,g},k}$$

#### Modelling trends over long time

Death probabilities: q<sub>a,g</sub>(t) = F<sup>Lap</sup>(α<sub>a,g</sub> + β<sub>a,g</sub> T<sub>ζ<sub>a,g</sub>,η<sub>a,g</sub></sub>(t)), where α<sub>a,g</sub>, β<sub>a,g</sub>, ζ<sub>a,g</sub> ∈ ℝ and η<sub>a,g</sub> ∈ (0,∞)
 Weights: w<sub>a,g,k</sub>(t) = (exp(u<sub>a,g</sub>+v<sub>a,g</sub> T<sub>φ<sub>k</sub>,ψ<sub>k</sub></sub>(t)))/∑<sup>K</sup><sub>j=0</sub> exp(u<sub>a,g,j</sub>+v<sub>a,g,j</sub> T<sub>φ<sub>j</sub>,ψ<sub>j</sub></sub>(t))), with u<sub>a,g,0</sub>, v<sub>a,g,0</sub>, φ<sub>0</sub>, ..., u<sub>a,g,K</sub>, v<sub>a,g,K</sub>, φ<sub>K</sub> ∈ ℝ, ψ<sub>0</sub>, ..., ψ<sub>K</sub> ∈ (0,∞).

•  $F^{Lap}(x)$  is Laplace distribution with mean one and variance two

$$\mathcal{F}^{\mathrm{Lap}}(x) = rac{1}{2} + rac{1}{2}\mathrm{sign}(x) \left(1 - \exp(-|x|)
ight), \quad x \in \mathbb{R}\,,$$

For x < 0,  $F^{Lap}(x) = \exp(x)/2$ .

• Trend reduction with parameters  $(\zeta,\eta)\in\mathbb{R} imes(0,\infty)$  is given by

$$\mathcal{T}_{\zeta,\eta}(t) = rac{1}{\eta} \arctan(\zeta + \eta \, t) \,, \quad t \in \mathbb{R} \,.$$

Note,  $\lim_{x\to\pm\infty} \arctan(x) = \pm \frac{\pi}{2}$  and  $\eta$  gives the inverse of time when an initial trend is halved.

Using these assumptions, we can develop several estimation approaches:

- Matching of moments: Easy to calculate and reasonably accurate.
- Maximum a posteriori: MAP-function is given explicitly but numerical deterministic optimisation is problematic (362 parameters). Risk factor realisations can be estimated (stress testing) and handy approximations can be derived.
- **Maximum likelihood**: ML-function is given explicitly but numerical optimisation is hard (**362 parameters**).
- Markov chain Monte Carlo: Based on likelihood function, switching to a Bayesian setting, parameters can be estimated accurately. This approach is slow but provides the feature of posterior densities of parameters.

#### Lemma (The maximum a posteriori approach)

For  $k \in \{1, ..., K\}$  and  $t \in \{1, ..., T\}$ , given the posterior density  $\pi(\beta, \mathbf{a}, \mathbf{b}, \mathbf{c}, \mathbf{d}, \lambda | \mathbf{n}) \propto \pi(\mathbf{n} | \beta, \mathbf{a}, \mathbf{b}, \mathbf{c}, \mathbf{d}, \lambda) \pi(\lambda | \beta, \mathbf{a}, \mathbf{b}, \mathbf{c}, \mathbf{d}) \pi(\beta, \mathbf{a}, \mathbf{b}, \mathbf{c}, \mathbf{d})$  from the maximum a posteriori approach, we get by taking partial derivatives

$$\hat{\lambda}_k(t) = rac{1/\hat{eta}_k^{ ext{MAP}} - 1 + \sum_{ ext{a}=1}^{ ext{A}} \sum_{ ext{g}\in\{ ext{f}, ext{m}\}} extsf{n}_{ ext{a}, ext{g},k}(t)}{1/\hat{eta}_k^{ ext{MAP}} + \sum_{ ext{a}=1}^{ ext{A}} \sum_{ ext{g}\in\{ ext{f}, ext{m}\}} heta_{ ext{a}, ext{g},k}(t)}$$

as well as

$$\log \hat{eta}_k^{\mathrm{MAP}} + rac{\Gamma'ig(1/\hat{eta}_k^{\mathrm{MAP}}ig)}{\Gammaig(1/\hat{eta}_k^{\mathrm{MAP}}ig)} = rac{1}{T}\sum_{t=1}^Tig(1+\log \hat{\lambda}_k(t) - \hat{\lambda}_k(t)ig)\,,$$

where for given  $\hat{\lambda}_k(1), \ldots, \hat{\lambda}_k(T) > 0$ , the latter equation has a unique positive solution.

#### Likelihood function

$$\begin{split} \ell_{\mathbf{n}} &= \prod_{t=1}^{T} \left( \left( \prod_{a=1}^{A} \prod_{g \in \{f,m\}} \frac{e^{-\rho_{a,g,0}(t)} \rho_{a,g,0}(t)^{n_{a,g,0}(t)}}{n_{a,g,k}(t)!} \right) \\ &\times \prod_{k=1}^{K} \left( \frac{\Gamma(1/\beta_{k} + n_{k}(t))}{\Gamma(1/\beta_{k}) \beta_{k}^{1/\beta_{k}} (1/\beta_{k} + \rho_{k}(t))^{1/\beta_{k} + n_{k}(t)}} \right. \\ &\times \prod_{a=1}^{A} \prod_{g \in \{f,m\}} \frac{\rho_{a,g,k}(t)^{n_{a,g,k}(t)}}{n_{a,g,k}(t)!} \right) \end{split}$$
where,  $n_{k}(t) := \sum_{a=1}^{A} \sum_{g \in \{f,m\}} n_{a,g,k}(t)$ , as well as  $\rho_{a,g,k}(t) := m_{a,g}(t) q_{a,g}(t) w_{a,g,k}(t)$  and  $\rho_{k}(t) := \sum_{a=1}^{A} \sum_{g \in \{f,m\}} \rho_{a,g,k}(t)$ 

- **Periods**  $t \in \{1, ..., 10\}$ .
- Two age categories  $(a_1, a_2)$  with 10 000 policyholders each and one gender g.
- Annual death probabilities between 0.005 and 0.1.
- Two non-idiosyncratic risk factors Λ<sub>1</sub>, Λ<sub>2</sub> with variances β<sub>1</sub> = 0.05 and β<sub>2</sub> = 0.2.
- Weights  $w_{a_1,g,1} = 0.1$ ,  $w_{a_2,g,1} = 0.2$ ,  $w_{a_1,g,2} = 0.3$  and  $w_{a_2,g,2} = 0.4$  which are assumed to be constant over time.

Number of deaths  $n_{a,g,k}(t)$  are then generated via simulated risk factor realisations  $(\lambda_1(t), \lambda_2(t))_{t \in \{1,...,10\}}$  and simulation of Poisson distributions with parameters  $p_{a_i,g} w_{a_i,g,j} \lambda_j(t)$ .

## Estimation results

Using all direct estimation procedures as well as MCMC (Random walk Metropolis–Hastings within Gibbs) for the maximum a posteriori approach we get the following:

	$\beta_1$	$\beta_2$	$c_{\mathrm{a_2,g,1}}$	$d_{\mathrm{a_2,g,1}}$
true	0.050	0.200	0.200	0.000
MM	0.054	0.267	0.161	0.003
MAP	0.015	0.218	0.158	0.003
MLE	0.032	0.215	0.152	0.006
MAP MCMC single	$\beta_1$	$\beta_2$	$c_{\mathrm{a_2,g,1}}$	$d_{\mathrm{a}_2,\mathrm{g},1}$
mode	0.020	0.297	0.148	0.004
mean	0.084	0.377	0.164	0.004
5% quantile	0.025	0.152	0.125	-0.004
95% quantile	0.210	0.793	0.202	0.013
standard error	0.216%	0.441%	0.119%	0.027%

#### Estimation results: risk factor realisations

Estimates for risk factor realisations and true values.



- Australian death and population data
- **Periods**  $t \in \{1997, \dots, 2011\}.$
- Eight **age categories** 50–54 years,..., 80-84 years and 85+ for each gender.
- Ten non-idiosyncratic risk factors (death causes)  $\Lambda_1,\ldots,\Lambda_{10}.$
- In this setting optimisation over 362 parameters is required.

Using the extended CreditRisk<sup>+</sup> setup with log-linear trends for death probabilities and linear trends for weights, we estimate the model via **matching of moments** and **MCMC** (random walk Metropolis–Hastings within Gibbs) with 20 000 steps.

#### Lee-Carter model vs. our annuity model

• Given the number of living people  $m_{a,g}(t)$  as well as annual deaths  $n_{a,g}(t)$ , for age a, gender g and years  $t \in \{1, \ldots, T\}$ , the Lee-Carter model models death rates  $\hat{q}_{a,g}(t) := n_{a,g}(t)/m_{a,g}(t)$  as

 $\log \hat{q}_{\mathrm{a,g}}(t) = a_{\mathrm{a,g}} + \kappa_t \, b_{\mathrm{a,g}} + \varepsilon_{\mathrm{a,g,t}}, \quad \varepsilon_{\mathrm{a,g,t}} \sim \mathcal{N}(0, \sigma_{\epsilon}^2),$ 

with independent normal error terms  $\varepsilon_{a,g,t}$ .

• Using a suitable normalisations, e.g.

$$\sum \kappa_t = \mathbf{0}, \sum \beta_{\mathrm{a,g}} = \mathbf{1}$$

 $\hat{a}_{a,g}, \hat{b}_{a,g}$  and  $(\hat{\kappa}_t)_{t \in \{1,...,T\}}$  are derived via method of moments and singular value decompositions

$$\hat{a}_{\mathrm{a,g}} = rac{1}{T}\sum_t \log \hat{q}_{\mathrm{a,g}}(t)$$

and  $\hat{\beta}$  is 1st left and  $\hat{\kappa}_t$  is 1st right singular vectors in SVD of matrix  $\log \hat{q}_{\mathrm{a,g}}(t) - \hat{a}_{\mathrm{a,g}}$ .

• Then process for  $\kappa_t$  is estimated

$$\kappa_t = \kappa_{t-1} + \theta + \omega_t, \ \omega_t \sim N(0, \sigma_{\omega}^2)$$

#### • Multi-factor model extensions, e.g.

$$\log \hat{q}_{\mathrm{a},\mathrm{g}}(t) = a_{\mathrm{a},\mathrm{g}} + \kappa_t^{(1)} b_{\mathrm{a},\mathrm{g}}^{(1)} + \kappa_t^{(2)} b_{\mathrm{a},\mathrm{g}}^{(2)} + \varepsilon_{\mathrm{a},\mathrm{g},t}, \quad \varepsilon_{\mathrm{a},\mathrm{g},t} \sim N(0, \sigma_{\epsilon}^2),$$
  
Cohort effects

$$\log \hat{q}_{\mathrm{a,g}}(t) = \mathbf{a}_{\mathrm{a,g}} + \kappa_t^{(1)} b_{\mathrm{a,g}}^{(1)} + + \kappa_{t-\mathrm{a}}^{(2)} b_{\mathrm{a,g}}^{(2)} + \varepsilon_{\mathrm{a,g},t} , \quad \varepsilon_{\mathrm{a,g},t} \sim \mathcal{N}(0, \sigma_\epsilon^2),$$

• State-space estimation: Lee-Carter model is Gaussian state-space model and can be estimated using Kalman filter; Gibbs sampler can be derived for Lee Carter models and SMC can be developed for non-Gaussian extensions such as stochastic volatility, Fung, Peters and Shevchenko (2015).

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#### Lee-Carter model vs. our annuity model

Consider our annuity model with one common risk factor  $\Lambda_1(t)$  and weights  $w_{\mathrm{a,g,1}}(t) = 1$ , for all  $t \in \{1, \ldots, T\}$ . Then, we expect  $q_{\mathrm{a,g}}^{\mathrm{LC}}(t) \approx q_{\mathrm{a,g}}^{\mathrm{MAP}}(t) \lambda_1^{\mathrm{MAP}}(t), \quad t \in \{1, \ldots, T\}.$ 



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## Estimation results: Weights and changes

Estimated weights and corresponding *linear* trends for different death causes using MCMC posterior mean estimates for males 50–54 years (left) and 80–84 years (right).

	Weight	Shift	Weight	Shift
Infectious & parasitic	2.86%	3.56%	1.38%	0.85%
Neoplasms	36.09%	-0.66%	32.23%	1.45%
Endocrine & nutritional	3.35%	-0.73%	4.64%	2.65%
Mental and behavioural	1.49%	1.72%	4.29%	4.79%
Nervous system	2.83%	1.43%	4.65%	2.66%
Circulatory	23.65%	-1.60%	32.13%	-3.15%
Respiratory system	3.55%	1.18%	10.61%	-0.27%
Digestive system	7.25%	1.90%	2.89%	0.65%
Injury and poisoning	15.84%	1.32%	2.95%	2.70%
Genitourinary system	0.75%	2.38%	2.71%	-0.74%

## Estimation results: Weights forecast (nonlinear trends)

	male				female			
	60 to 64 years		80 to 84 years		60 to $64$ years		80 to $84$ years	
	2011	2031 (quant.)	2011	2031 (quant.)	2011	2031 (quant.)	2011	2031 (quant.)
neop.	0.499	$0.547 \begin{pmatrix} 0.561\\ 0.531 \end{pmatrix}$	0.324	$0.378 \begin{pmatrix} 0.392\\ 0.364 \end{pmatrix}$	0.592	$0.648 \begin{pmatrix} 0.662\\ 0.629 \end{pmatrix}$	0.263	$0.303 \begin{pmatrix} 0.319\\ 0.288 \end{pmatrix}$
circ.	0.228	$0.116 \begin{pmatrix} 0.123\\ 0.109 \end{pmatrix}$	0.325	$0.173 \begin{pmatrix} 0.181\\ 0.164 \end{pmatrix}$	0.140	$0.060 \begin{pmatrix} 0.065\\ 0.055 \end{pmatrix}$	0.342	$0.149 \ \begin{pmatrix} 0.158\\ 0.140 \end{pmatrix}$
ext.	0.056	$0.062 \begin{pmatrix} 0.073\\ 0.053 \end{pmatrix}$	0.026	$0.028 \begin{pmatrix} 0.033\\ 0.024 \end{pmatrix}$	0.072	$0.069 \begin{pmatrix} 0.078\\ 0.060 \end{pmatrix}$	0.100	$0.126 \ \begin{pmatrix} 0.139\\ 0.113 \end{pmatrix}$
resp.	0.051	$0.036 \begin{pmatrix} 0.040\\ 0.032 \end{pmatrix}$	0.106	$0.092 \begin{pmatrix} 0.101\\ 0.083 \end{pmatrix}$	0.038	$0.037 \begin{pmatrix} 0.043\\ 0.032 \end{pmatrix}$	0.051	$0.068 \begin{pmatrix} 0.074\\ 0.061 \end{pmatrix}$
endo.	0.044	$0.062 \begin{pmatrix} 0.070\\ 0.055 \end{pmatrix}$	0.047	$0.077 \begin{pmatrix} 0.084\\ 0.070 \end{pmatrix}$	0.036	$0.051 \begin{pmatrix} 0.060\\ 0.043 \end{pmatrix}$	0.054	$0.080 \begin{pmatrix} 0.089\\ 0.071 \end{pmatrix}$
dig.	0.041	$0.036 \begin{pmatrix} 0.040\\ 0.031 \end{pmatrix}$	0.027	$0.020 \begin{pmatrix} 0.023\\ 0.018 \end{pmatrix}$	0.035	$0.032 \begin{pmatrix} 0.038\\ 0.026 \end{pmatrix}$	0.024	$0.023 \begin{pmatrix} 0.027\\ 0.020 \end{pmatrix}$
nerv.	0.029	$0.052 \begin{pmatrix} 0.061\\ 0.045 \end{pmatrix}$	0.045	$0.061 \begin{pmatrix} 0.068\\ 0.055 \end{pmatrix}$	0.031	$0.024 \begin{pmatrix} 0.029\\ 0.020 \end{pmatrix}$	0.034	$0.023 \begin{pmatrix} 0.027\\ 0.020 \end{pmatrix}$
idio.	0.018	$0.028 \begin{pmatrix} 0.034\\ 0.023 \end{pmatrix}$	0.015	$0.018 \begin{pmatrix} 0.020\\ 0.016 \end{pmatrix}$	0.022	$0.023 \begin{pmatrix} 0.028\\ 0.019 \end{pmatrix}$	0.023	$0.024 \begin{pmatrix} 0.027\\ 0.022 \end{pmatrix}$
inf.	0.014	$0.025 \begin{pmatrix} 0.033\\ 0.020 \end{pmatrix}$	0.015	$0.022 \begin{pmatrix} 0.027\\ 0.019 \end{pmatrix}$	0.014	$0.020 \begin{pmatrix} 0.027\\ 0.015 \end{pmatrix}$	0.017	$0.024 \begin{pmatrix} 0.028\\ 0.020 \end{pmatrix}$
ment.	0.013	$0.027 \begin{pmatrix} 0.036\\ 0.019 \end{pmatrix}$	0.041	$0.105 \begin{pmatrix} 0.130\\ 0.078 \end{pmatrix}$	0.012	$0.032 \begin{pmatrix} 0.046\\ 0.021 \end{pmatrix}$	0.062	$0.155 \begin{pmatrix} 0.188\\ 0.118 \end{pmatrix}$
geni.	0.008	$0.008 \begin{pmatrix} 0.010\\ 0.006 \end{pmatrix}$	0.028	$0.025 \begin{pmatrix} 0.028\\ 0.023 \end{pmatrix}$	0.009	$0.005 \begin{pmatrix} 0.006\\ 0.004 \end{pmatrix}$	0.029	$0.026 \begin{pmatrix} 0.028\\ 0.023 \end{pmatrix}$

## Leading death causes for years 2011 and 2051

		m	ale	female		
		2011	2051	2011	2051	
55–59 years	1.	neoplasms (0.469)	neoplasms $(0.474)$	neoplasms (0.603)	neoplasms (0.581)	
	2.	circulatory (0.222)	infectious $(0.092)$	circulatory (0.112)	nervous (0.077)	
	3.	external (0.085)	external $(0.083)$	respiratory (0.058)	not elsewhere (0.068)	
65–69 years	1.	neoplasms (0.505)	neoplasms $(0.575)$	neoplasms (0.551)	neoplasms (0.609)	
	2.	circulatory (0.226)	endocrine $(0.082)$	circulatory (0.162)	mental (0.112)	
	3.	respiratory (0.072)	mental $(0.075)$	respiratory (0.083)	nervous (0.065)	
75–79 years	1.	neoplasms (0.405)	neoplasms $(0.466)$	neoplasms (0.365)	neoplasms (0.378)	
	2.	circulatory (0.277)	mental $(0.185)$	circulatory (0.271)	mental (0.245)	
	3.	respiratory (0.100)	endocrine $(0.098)$	respiratory (0.103)	respiratory (0.108)	
85+ years	1.	circulatory (0.395)	mental (0.329)	circulatory (0.441)	mental $(0.503)$	
	2.	neoplasms (0.217)	neoplasms (0.216)	neoplasms (0.131)	circulatory $(0.092)$	
	3.	respiratory (0.115)	circulatory (0.133)	mental (0.101)	neoplasms $(0.090)$	

**Density histograms** of MCMC chains for the variance of risk factor for mental and behavioural disorders as well as for weight intercept for females aged 55 to 59 years of death cause neoplasms (right).



#### Estimation results: Risk Factors



Year

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#### Forecast: death probabilities and death causes weights



Figure : Forecasted death probabilities and cumulative weights for various death causes for females aged 50-54; shaded area correspond to 5% and 95% quantiles



Figure : Forecasted death probabilities and 90% confidence intervals using Australian death and population data for the years 1963 to 1997.

#### Parameter uncertainty: portfolio loss distribution

- Australian data with the same setup as before.
- Let each age category and gender have 100 policyholders with annual deterministic annuity payments X<sub>i</sub> = 11,..., 20.
- Derive loss distribution  $L = \sum_{i=1}^{m} X_i \sum_{i=1}^{m} \sum_{j=1}^{N_i(\tau+1)} X_{i,j}$  with extended CreditRisk<sup>+</sup> where  $X_{i,j} \sim X_i$ .



#### Parameter uncertainty: Distribution of quantiles

As we are using MCMC, we can derive (approximatively) distributions of quantiles of L, i.e., we can quantify parameter risk.



Figure : Distributions of 95 and 99 percent quantile based on MCMC chain realisations.

If we assume that deaths due to cancer decrease by 25% over all age categories next year due to better medication, then we get the following shifted distribution of *L*.



- $\bullet$  validation via cross-covariance  $\mathrm{Cov}(\textit{N}_{\mathrm{a,g},\textit{k}},\textit{N}_{\mathrm{a}',\mathrm{g}',\textit{k}})$
- validation via independence of death counts for different death causes  ${\rm Cov}(N_{{\rm a},{\rm g},k},N_{{\rm a}',{\rm g}',k'})=0$
- validation via serial correlation,  $N_{\mathrm{a,g},k}(t), t=1,\ldots,T$  are independent
- validation via risk factor realisations (Λ<sub>k</sub> are from Gamma with mean=0 and variance β<sub>k</sub>).
- model selection (reduction of factors): AIC, BIC, DIC



Figure : Australian logarithmic death probabilities as well as forecasts, i.e.,  $(q_{a,g}(2013); q_{a,g}(2063); q_{a,g}(2113))$ , based on our annuity model using Australian from 1971 to 2013 (left) as well as correspoding smoothed mortality trends  $b_{a,g}$  (right).



Figure : Australian logarithmic death probabilities as well as forecasts, i.e.,  $q_{a,g}(2013)$ ;  $q_{a,g}(2063)$ ;  $q_{a,g}(2113)$ , based on our annuity model using Australian from 1971 to 2013 (left) as well as corresponding smoothed mortality trends  $b_{a,g}$  (right).

# Nonlinear Trends and Forecast for death probabilities, Australia



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	Annual death	Survivors	Deaths from	Mortality	EFLT	EFLT
Age $x$	probability	up to $x$	x  to  x+1	trend	with trend	no trend
	$q_x(2013)$	$l_x(2013)$	$d_x(2013)$	$1 - \exp(-b_x)$	$e_x(2013)$	$e_x^*(2013)$
0	0.003448	100000	345	0.0411	89.56	79.81
1	0.000293	99655	29	0.0405	88.79	79.09
2	0.000196	99626	20	0.0402	87.74	78.11
3	0.000141	99606	14	0.0400	86.68	77.13
4	0.000107	99592	11	0.0399	85.61	76.14
70	0.016734	83785	1402	0.0300	15.92	14.69
71	0.018522	82383	1526	0.0297	15.05	13.94
72	0.020361	80857	1646	0.0293	14.21	13.21
73	0.022931	79211	1816	0.0289	13.38	12.48
74	0.025593	77394	1981	0.0285	12.58	11.77
75	0.028412	75413	2143	0.0279	11.80	11.08

TABLE D.1. 2013 Australian male life table.

#### Model Forecast: Female, Australia

Age x	Annual death probability	Survivors up to x	Deaths from $x$ to $x + 1$	Mortality trend	EFLT with trend	EFLT no trend
	$q_x(2013)$	$l_x(2013)$	$d_x(2013)$	$1 - \exp(-b_x)$	$e_x(2013)$	$e_x^*(2013)$
0	0.002837	100000	284	0.0404	91.91	84.13
1	0.000240	99716	24	0.0403	91.11	83.37
2	0.000140	99692	14	0.0400	90.07	82.39
3	0.000104	99678	10	0.0394	89.02	81.41
4	0.000092	99668	9	0.0387	87.97	80.41
70	0.009823	90059	885	0.0256	18.53	17.33
71	0.011078	89174	988	0.0256	17.61	16.50
72	0.012152	88186	1072	0.0257	16.70	15.68
73	0.013485	87115	1175	0.0257	15.80	14.88
74	0.015398	85940	1323	0.0256	14.92	14.08
75	0.016883	84617	1429	0.0255	14.05	13.30

TABLE D.2. 2013 Australian female life table.

#### • Population forecasts.

- Effects of **scenarios** where death rates of certain death causes suddenly spike by  $x \cdot 100$  percent within one year can be derived.
- Our model can be generalised to individual losses  $Y_{i,k}$  depending on death cause k which allows modelling of new life-insurance contracts.
- Certain **dependence structures for risk factors** can be assumed while still being able to calculate loss distributions exactly via iterated Panjer's recursion.

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#### Thank you for your attention!

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