



ROMA 10-12 Novembre 2021

Longevity and Financial-Risk Taking

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Context and motivation





ROMA 10-12 Novembre 2021 Retirement income



financial well-being in old age.

Key decisions for retirement planning:

investment and saving choices

annuitization

(accumulation phase) <u></u>

(retirement phase)

Individuals' decision-making is crucial within funded pension arrangements.

The **better** people's decisions, the **higher** their financial well-being, the **lower** the risk to outlive their assets.





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Standard life-cycle models:

fully rational individuals solve optimization problems to obtain smooth consumption.

Empirical evidence:

- many individuals fail to achieve the retirement saving goals predicted by conventional economic models;
- women aged 65+ receive, on average, 26% less income than men from the pension system in the OECD countries ("gender pension gap")*.

^{*}Beyond labour market determinants and financial literacy, attitudes and beliefs play a role.





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Research question 1:

what are the causes of sub-optimal choices?

> A focus on longevity and financial risk tolerance.





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The relevant economic choices for retirement planning depend on **financial risk tolerance.**

Understanding financial risk tolerance



understanding observed retirement behaviour.



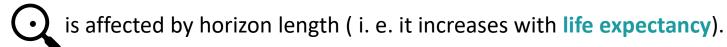


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Financial risk tolerance: well-established empirical findings.

Financial risk tolerance is heterogeneous. It:

- depends on static factors, as biological, socio-economic and environmental variables;
- depends on transient states, such as mood;
- is generally higher for males than for females;







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Longevity forecasts: subjective vs objective.



A subjective dimension of longevity

Individuals form beliefs about uncertain life duration

An age-dependent gap.

At younger ages:

subjective beliefs <
actuarial probabilities



At older ages:

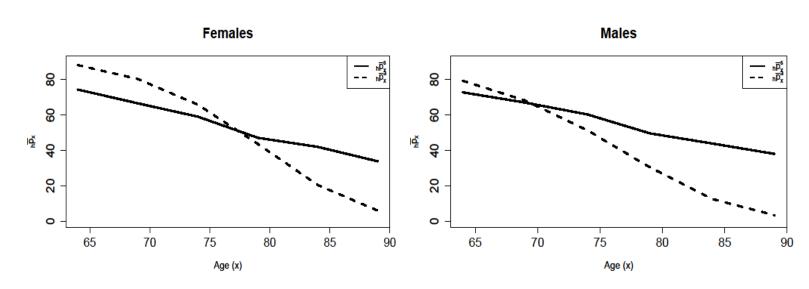
subjective beliefs

actuarial probabilities





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- Data from "The Survey of Health, Ageing and Retirement in Europe" (SHARE);
- all individuals forecast survival over the next 11 years;
- actuarial probabilities: dashed line; subjective probabilities: solid line.

Subjective survival probabilities decrease more slowly as a function of age!





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Why is there a survival gap? The state-of-the-art

Behavioural explanations are prominent in the literature.

The updating of subjective beliefs violates the rational Bayesianlearning paradigm.

Psychological mechanisms guide the interpretation of new information

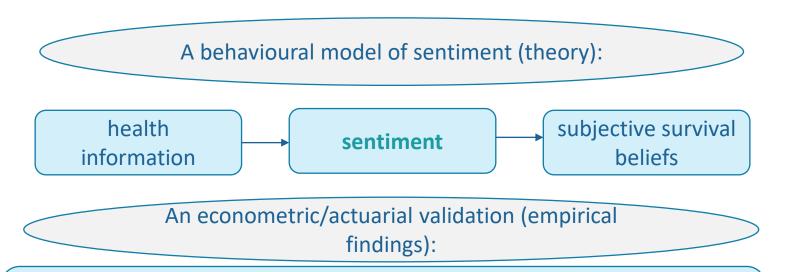
(e.g. cognitive weakness (Grevenbrock et al. 2021)).





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The survival gap: our behavioural/actuarial approach



- Sentiment is the main driver of the updating of subjective survival beliefs;
- compared to health-specific actuarial probabilities, subjective probabilities decrease much less in response to health shocks.





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Research question 2:

how do biased subjective survival beliefs impact on financial risk tolerance?

> An empirical investigation to assess their relationship.





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Data from SHARE (2004-2020)

DEMOGRAPHICS

EXPECTATIONS:

e.g. survival expectations, risk tolerance

longitudinal micro data on a wide variety of domains

PHYSICAL HEALTH:

e.g. self-assessed health, disease conditions

ACTIVITIES:

e.g. life satisfaction, future looks good

... and more

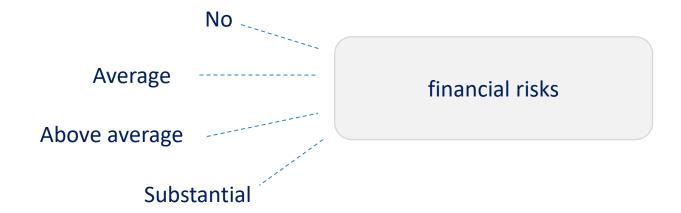




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Risk tolerance

People are asked about the **amount of financial risk** they are willing to take when they save or make investments.







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Subjective survival beliefs

People are asked about the chance to survive a given target age.

Age x	Target age
$50 \le x \le 65$	75
$66 \le x \le 69$	80
$70 \le x \le 74$	85
$75 \le x \le 79$	90
$80 \le x \le 84$	95
$85 \le x \le 90$	100





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Actuarial survival probabilities

- (1) Basic mortality forecasts from the CBD model (based on age, gender and country);
- (2) mortality adjustment factors γ for specific health classes (life tables based on SHARE data. Methodology similar to the actuarial practice in the field of risk classification in life insurance).

Preferred risks ($\gamma < 0$)	Standard risks	Substandard risks ($\gamma>0$)
Healthy	SHARE total population	One severe disease (e.g. cancer, diabetes, heart attack)
High Blood Pressure		at least two diseases
Long-Term Disease		

Outcome: health-specific actuarial survival probabilities.





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Our measure of the «survival gap».

Subjective survival probability

health-specific actuarial probability.

What is new?



The objective benchmark for subjective beliefs incorporates more private information (health status).

Advantages:

We better explain objective mortality heterogeneity among respondents.

The gap better captures the bias in subjective beliefs.





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Empirical methodology: regression analysis.

Target variable: probability to be financial risk-taker (i.e. to accept at least some level of financial risk).

Explanatory variables.

they pertain to the following individuals' characteristics:

demographics, employment, wealth, education, physical health, cognitive functions (e.g. numeracy), behavioural risks, sentiment, survival gap.

Countries under study: Austria, Belgium, Denmark, France, Italy, Sweden and Switzerland.





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The profile of the financial risk-takers (some findings).

They:

- express a more precise estimation of their survival prospects (i.e. survival gap in the range (-8.30%, 5.94%])*.
- are more optimistic;
- assign higher ratings to their health status;
- have higher amounts of net worth;
- are males;
- show understanding of the notion of compound interest;
- live in Denmark or Sweden;
- are interviewed after the global financial crisis of 2007-2009.

^{*}For these individuals, the odds of being financial risk-takers are up to 6% higher than for the other respondents, in our analysis.





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Conclusions

A standard economic and actuarial perspective:
 longevity affects consumption and the demand for pensions, insurance products and annuities.

A behavioural perspective:

longevity misperception can induce individuals to take sub-optimal choices, undermining their financial well-being.

- The next steps in the research process:
- 1. the construction of a **choice architecture** to nudge people towards better choices;
- 2. the design of more attractive insurance products, accounting for biases.