

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>UNITIL CORPORATION RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1985</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITIL SERVICE CORP.</u> <u>6 LIBERTY LANE WEST</u> <u>HAMPTON, NH 03842</u>
2b	Employer Identification Number (EIN) <u>02-0383661</u>
2c	Plan Sponsor's telephone number <u>603-772-0775</u>
2d	Business code (see instructions) <u>221100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	ROBERT B. HEVERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 687
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 219
a(2) Total number of active participants at the end of the plan year		6a(2) 207
b Retired or separated participants receiving benefits.....		6b 288
c Other retired or separated participants entitled to future benefits		6c 135
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 630
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 47
f Total. Add lines 6d and 6e		6f 677
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1E 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>UNITIL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITIL SERVICE CORP.</u>	D Employer Identification Number (EIN) <u>02-0383661</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>141409780</u>
b Actuarial value	2b <u>133254082</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>324</u> (2) Vested Funding Target <u>60388356</u> (3) Total Funding Target <u>60388356</u>
b For terminated vested participants.....	<u>144</u> <u>9571397</u> <u>9571397</u>
c For active participants	<u>219</u> <u>54812005</u> <u>56865778</u>
d Total.....	<u>687</u> <u>124771758</u> <u>126825531</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.60</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>3127013</u>
b Expected plan-related expenses	6b <u>640000</u>
c Total (line 6a + line 6b)	6c <u>3767013</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/06/2022</u> Date
Signature of actuary		<u>20-05393</u> Most recent enrollment number
<u>FRANCIS P. CARBERRY, F.S.A., E.A.</u> Type or print name of actuary		<u>508-903-6017</u> Telephone number (including area code)
<u>TRANSAMERICA</u> Firm name		
<u>PO BOX 428</u> <u>CEDAR RAPIDS, IA 52406-0428</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		111349
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		6013
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		117362
d Portion of (c) to be added to prefunding balance		117362
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	117362

Part III Funding Percentages

14 Funding target attainment percentage	14	104.97 %
15 Adjusted funding target attainment percentage	15	105.06 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/27/2022	950001				
07/01/2022	950001				
07/29/2022	950001				
09/01/2022	950001				
Totals ▶			18(b)	3800004	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3495160

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	3767013	
b Excess assets, if applicable, but not greater than line 31a	31b	3767013	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3495160	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3495160	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan UNITIL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITIL SERVICE CORP.	D Employer Identification Number (EIN) 02-0383661	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEI INVESTMENTS

23-3060382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 50 51	TRUSTEE	411825	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	125453	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

CARON & BLETZER, PLLC

04-3499945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan UNITIL CORPORATION RETIREMENT PLAN				B Three-digit plan number (PN) ► 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITIL SERVICE CORP.				D Employer Identification Number (EIN) 02-0383661	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI CORE PROPERTY COLL. INV. TRUST					
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY					
c EIN-PN 27-3224429-045		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6854614	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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 Schedule D (Form 5500) 2021 v. 201209

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan UNITIL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITIL SERVICE CORP.		
D Employer Identification Number (EIN) 02-0383661		

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4100000	3800004
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	107502	114341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	5817546	6854614
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	148815901	165357298
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	158840949	176126257

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	158840949	176126257
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4635906	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4635906
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3179249	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3179249
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1037067
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		15926885
c Other income.....	2c		49
d Total income. Add all income amounts in column (b) and enter total.....	2d		24779157
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6489435	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		6489435
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	119466	
(2) Contract administrator fees.....	2i(2)	76453	
(3) Investment advisory and management fees.....	2i(3)	349579	
(4) Other.....	2i(4)	458916	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1004414
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7493849
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		17285308
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 443742 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan UNITIL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITIL SERVICE CORP.	D Employer Identification Number (EIN) 02-0383661

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2770684		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
--	--	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**UNITIL CORPORATION RETIREMENT PLAN
FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020 AND
FOR THE YEAR ENDED DECEMBER 31, 2021**



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

UNITIL CORPORATION RETIREMENT PLAN

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 Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	



Independent Auditor's Report

To the Plan Administrator of the Unital Corporation Retirement Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the Unital Corporation Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 and the Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Bletnyer, PLLC

Kingston, NH
October 6, 2022

UNITIL CORPORATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020
SEE INDEPENDENT AUDITOR'S REPORT

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at fair value (Note C):		
Mutual Funds	\$ 145,047,916	\$ 131,490,327
Common Collective Trust	<u>6,854,614</u>	<u>5,817,546</u>
Total Investments	151,902,530	137,307,873
Net Assets Held in 401(h) Account for use of Unitil Retiree Health and Welfare Benefits Plan	20,320,324	17,334,954
Receivables:		
Employer Contributions	3,800,004	4,100,000
Accrued Interest and Dividends	<u>103,399</u>	<u>98,122</u>
Total Receivables	<u>3,903,403</u>	<u>4,198,122</u>
Total Assets	176,126,257	158,840,949
Liabilities:		
Amounts Related to Obligation of 401(h) Account (Note D)	<u>20,320,324</u>	<u>17,334,954</u>
Total Liabilities	<u>20,320,324</u>	<u>17,334,954</u>
Net Assets Available for Benefits	<u>\$ 155,805,933</u>	<u>\$ 141,505,995</u>

The accompanying notes are an integral
part of the financial statements.

UNITIL CORPORATION RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021
SEE INDEPENDENT AUDITOR'S REPORT

	<u>2021</u>
Additions to Net Assets:	
Investment Income:	
Net Appreciation in Fair Value of Investments	\$ 15,056,052
Interest and Dividends	2,879,318
Employer Contributions	<u>3,800,004</u>
Total Additions to Net Assets	21,735,374
Deductions from Net Assets:	
Benefits Paid	6,489,435
Investment Management and Trustee Fees	298,217
PBGC Premiums	458,916
Actuarial and Administrative Expenses	<u>188,868</u>
Total Deductions from Net Assets	<u>7,435,436</u>
Net Increase in Net Assets	14,299,938
Net Assets Available for Benefits:	
Beginning of Year	<u>141,505,995</u>
End of Year	<u><u>\$ 155,805,933</u></u>

The accompanying notes are an integral
part of the financial statements.

**UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT**

Note A. Description of the Plan:

The following description of the Unitil Corporation Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit noncontributory pension plan covering all eligible employees of Unitil Service Corp. (the "Plan Administrator" or "the Company"), Unitil Energy Systems, Inc. ("Unitil Energy"), Fitchburg Gas and Electric Light Company ("Fitchburg"), Northern Utilities, Inc. ("Northern Utilities"), and Granite State Gas Transmission, Inc. ("Granite State") (collectively, the "Plan Sponsor"). Unitil Corporation and Unitil Service Corp. adopted the Plan as of January 1, 1985. The Plan was also adopted by Fitchburg effective as of January 1, 1994, for its employees who were not represented by a union and, effective as of May 1, 1998, for its employees who were represented by a union, in each case as an amendment and restatement of a prior pension plan, originally effective as of September 1, 1959 and September 1, 1972, respectively. Also effective as of May 1, 1998, the Plan was adopted by Concord Electric Company and Exeter & Hampton Electric Company, in each case as an amendment and restatement of a prior pension plan, originally effective as of August 1, 1959. Effective as of December 1, 2002, these two companies merged to form Unitil Energy. Northern Utilities and Granite State adopted the Plan as of December 1, 2008. All benefits are provided by the Plan and paid by Transamerica Retirement Solutions, LLC.

The Plan is subject to the provisions of the Internal Revenue Code, as amended ("IRC") and the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is in part maintained pursuant to the following collective bargaining agreements ("CBAs"):

Agreement between Unitil Energy and International Brotherhood of Electrical Workers ("IBEW") Local No. 1837 ("IBEW Local 1837"), June 1, 2012 through May 31, 2018, effective June 1, 2012 and June 1, 2018 through May 31, 2023, effective June 1, 2018.

Agreement between Fitchburg and Utility Workers Union of America, AFL-CIO, Local Union No. B340 ("Fitchburg Local B340"), June 1, 2013 through May 31, 2019, effective June 1, 2013. Effective June 1, 2019 this contract was extended for an additional 3 years, through May 31, 2022.

Agreement between Northern Utilities and Granite State and Utility Workers Union of America Local 341 ("UWUA"), April 1, 2017 through March 31, 2021, effective April 1, 2017; and renegotiated for April 1, 2021 through March 31, 2026, effective April 1, 2021.

Agreement between Northern Utilities and United Steelworkers of America ("USWA") Local 12012-6, June 6, 2014 through June 5, 2017; and extended through June 5, 2020; Further extended through September 5, 2020; and renegotiated for September 6, 2020 through June 7, 2025, effective September 6, 2020.

Agreement between Unitil Service Corp. ("USC") and IBEW Local No. 1837, August 1, 2013 through May 31, 2016; and renegotiated for June 1, 2016 through May 31, 2018, effective June 1, 2016 and June 1, 2018 through May 31, 2023, effective June 1, 2018.

Eligibility

Employees are eligible to participate in the Plan on the first of the month following:

- (1) Completion of 1,000 hours of credited service, as defined by the plan document.
- (2) Completion of 3 full months of employment, as defined by the plan document.

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

As part of the CBA entered into during 2012 between Unitil Energy and IBEW Local 1837, employees covered under the agreement and hired subsequent to June 1, 2012 will not be able to join the Plan. Additionally, the employees hired before the effective date of the contract had the choice to remain in the existing plan or receive enhanced benefits under the Unitil Corporation Tax Deferred Savings and Investment Plan ("401(k) Plan") as further discussed below. The deadline for making such an election was December 31, 2012.

As part of the CBA entered into during 2013 between Fitchburg and Fitchburg Local B340, employees covered under the agreement and hired subsequent to June 1, 2013 will not be able to join the Plan. Additionally, the employees hired before the effective date of the contract had the choice to remain in the existing plan or receive enhanced benefits under the 401(k) Plan as further discussed below. The deadline for making such an election was December 31, 2013.

As part of the CBA entered into during 2012 between Northern Utilities and Granite State and UWUA, Local 341, employees covered under the agreement and hired subsequent to April 1, 2012 will not be eligible to join the Plan. Additionally, the employees hired before the effective date of the contract had the choice to remain in the existing plan or receive enhanced benefits under the 401(k) Plan as further discussed below. The deadline for making such an election was December 31, 2012.

As part of the CBA entered into during 2010 between Northern Utilities and USWA, employees covered under the agreement and hired subsequent to December 31, 2010 will not be eligible to join the Plan. Additionally, the employees hired prior to January 1, 2011 had the choice to remain in the existing plan or receive enhanced benefits under the 401(k) Plan as further discussed below. The deadline for making such an election was December 31, 2010.

The following options were given to employees existing in the Plan as stated above:

- i) Remaining in the existing Plan with the current set of benefits (those participants electing this option will experience no change in their pension benefits)
- ii) Electing to receive enhanced benefits under the 401(k) Plan (participants that elected this option will receive a frozen benefit from this existing defined benefit plan for all of the vested benefits that they have accrued to date, the frozen benefit will not grow with future salary increases or future service, and all future benefit accruals will be provided through the enhanced benefits under the 401(k) Plan.)

The Plan was closed to non-union employees effective January 1, 2010. This includes employees who subsequently became covered by the 2013 CBA between USC and IBEW. Non-union employees hired subsequent to December 31, 2009 will receive an enhanced contribution to the 401(k) Plan. Non-union employees that were participating in the Plan as of December 31, 2009 had the choice of (a) remaining in the existing Plan with the current set of benefits (participants that elected this option will experience no changes in their pension benefits), or (b) electing to receive enhanced benefits under the 401(k) Plan (participants that elected this option will receive a frozen benefit from the existing defined benefit plan for all of the vested benefits that they have accrued to date, the frozen benefit will not grow with future salary increases or future service, and all future benefit accruals will be provided through enhanced benefits received under the 401(k) Plan).

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

Normal Retirement Benefits

Employees who have attained age 65 with five years of service are entitled to the normal retirement benefit. Employees may continue working past age 65.

For all employees other than bargaining unit employees of Northern Utilities or Granite State, the normal retirement benefit is equal to a percentage of the employee's average monthly compensation over his/her five highest years' compensation, reduced by certain Social Security and any former benefits. The percentage of average monthly compensation is the sum of:

- (i) 2% for each of the first 20 years of credited service plus,
- (ii) 1% for each of the next 10 years of credited service plus,
- (iii) ½% for each year of credited service in excess of 30 years.

Employees may elect to receive their pension benefits in the form of a Life Annuity, Joint and Survivor Annuity, Five or Ten Year Certain and Continuous Option, or Contingent Annuitant Option. If an employee terminates before becoming vested, the employee forfeits the right to receive unvested accumulated benefits.

For bargaining unit employees of Northern Utilities and Granite State, the normal retirement benefit is equal to 1.25% times the number of years of service up to a maximum of 45 years, times the employee's average monthly compensation over his/her three highest years' compensation in the ten years preceding employment termination, up to a maximum of \$60,000, as defined ("Final Average Pay"). Effective June 6, 2016, the maximum final average pay for Northern Utilities employees represented by the USWA was \$73,000. Effective September 6, 2020, the maximum final average pay for Northern Utilities employees represented by the USWA is \$83,000. Effective April 1, 2021, the maximum Final Average Pay for Northern Utilities and Granite State employees represented by the UWUA, Local 341 is \$80,000.

A bargaining unit employee of Northern Utilities and Granite State may elect a single lump sum upon termination or retirement in lieu of a monthly pension or may select any of the payment options above.

Early Retirement Benefit

Except for bargaining unit employees of Northern Utilities and Granite State, the Plan permits early retirement for employees with at least 15 years of credited service earned subsequent to the age of 18 and who have attained the age of 55.

The basic benefit is calculated the same as in the normal retirement formula but reduced, if payments commence before the employee's 60th birthday, by 5/12 of 1% for each month before age 60. Effective June 1, 2005, bargaining unit employees of Fitchburg and Unitil Energy may retire with an unreduced benefit if they have attained age 55, and the sum of the age and credited service is greater than or equal to 85. Employees who were employed by Fitchburg as of May 1, 1998 may elect to have the early retirement provisions of their predecessor plan applied with respect to their accrued benefit as of October 1, 1998, and with provisions of the restated plan applied to benefit accruals after May 1, 1998.

Bargaining unit employees of Northern Utilities and Granite State, with at least 10 years of credited service earned subsequent to the age of 18, and who have attained the age of 55, are eligible for early retirement benefits.

The basic benefit for bargaining unit employees of Northern Utilities and Granite State is calculated the same as in the normal retirement formula but reduced,

- (i) if more than 25 years of credited service and payments commence before the employee's 60th birthday, by 3/10 of 1% for each month before age 60.

- (ii) if less than 25 years of credited service and payments commence before the employee's 60th birthday, by 3/10 of 1% for each month before normal retirement age.

Deferred Termination Benefit

An employee, whose employment terminates for any reason other than death and at a time when they are not eligible for a normal retirement or early retirement benefit, is eligible to receive a deferred termination benefit, provided the employee is vested in his or her benefit. The deferred termination benefit is calculated in the same manner as for a normal retirement benefit. If the benefit commences prior to the employee's normal retirement date, and the employee has more than 15 years of credited service, the benefit prior to the Social Security benefit offset is reduced by 1/12 of 1% for each of the first 35 full calendar months between commencement of benefits and normal retirement date, 11/12 of 1% for each of the next 12 months, 5/12 of 1% for each of the next 12 months, and 0.5% for each of the next 60 months. If the employee has less than 15 years of credited service, the benefit prior to the Social Security benefit offset is reduced by using an actuarial equivalent calculation.

Social Security Supplement

A bargaining unit employee of Northern Utilities or Granite State who retires and is at least age 60 but not age 62 shall have his or her benefit increased, only until reaching age 62, by the smaller of (a) 2% of the Final Average Pay multiplied by credited years of service up to a maximum of 25, or (b) the primary Social Security Benefit the employee would be entitled to at age 62. This supplemental benefit shall be payable in the form of a single life annuity regardless of the form in which the employee's other benefits are payable, unless the employee has chosen the lump sum option.

Pre-Retirement Death Benefit

Each employee with five or more years of credited service who has not yet retired shall have a survivor annuity in effect for his or her spouse beginning the first day of the month following the employee's earliest retirement date. The spouse shall receive an amount equal to 50% of the amount which the employee would have received if the employee had terminated employment the day prior to death, survived to their earliest retirement age, retired as of such date under a qualified joint and survivor annuity and died on the day after their earliest retirement age. The benefit formula is the same as for early retirement. Employees who have retired under the terms of the plan but have not commenced receiving benefits at death, as well as employees who die while actively employed by the employer and after having completed at least 15 years of credited service, are eligible for an alternative minimum spouse benefit, the value of which will at least equal the value of the benefit described above.

Vesting

An employee becomes fully vested in their benefit after three or more years of credited service for Northern Utilities and Granite State Bargaining Unit employees and five or more years of credited service for all other employees. All credited service must be earned subsequent to attaining age 18.

Funding Policy

The Company's funding policy is to contribute at least the minimum funding required under ERISA and the Pension Protection Act of 2006 ("PPA"), but not more than the maximum deductible amount. The contributions are designed to fund the Plan's current service costs on a current basis and past service cost (if any) over a period of years allowed by the IRC and PPA. The Company has made contributions of \$3,800,004, attributable to the Plan year ended December 31, 2021. For plan year ended December 31, 2021, the Company also made contributions to the Plan's 401(h) account of \$835,902. The Company's contributions for the 2021 plan year met the minimum funding requirements of ERISA.

**UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT**

Note B. Significant Accounting Policies:

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain administrative expenses, including audit, actuarial, investment management, and custodial fees incurred by the Plan, are charged to the Plan. The Company provides various administrative services to the Plan at no charge. Also, a portion of the actuarial expenses incurred by the Plan is paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service participants have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals or retirement) between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Employer Contributions

The employer contributions are determined by an actuarial valuation designed to fund the Plan's aggregate future liabilities over the average remaining working lifetimes of the active participants.

Note C. Fair Value Measurements:

US GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the hierarchy are described below:

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- a. Quoted prices for similar assets or liabilities in active markets;
- b. Quoted prices for identical or similar assets or liabilities in inactive markets;
- c. Inputs other than quoted prices that are observable for the asset or liability;
- d. Inputs that are derived principally from, or are corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Common collective trust – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2021			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 145,047,916	\$ 145,047,916	\$ -	\$ -
Total investments in the fair value hierarchy	145,047,916	<u>\$ 145,047,916</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	<u>6,854,614</u>			
Investments at fair value	<u>\$ 151,902,530</u>			

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

	2020			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 131,490,327	\$ 131,490,327	\$ -	\$ -
Total investments in the fair value hierarchy	131,490,327	<u>\$ 131,490,327</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1): Common collective trust	<u>5,817,546</u>			
Investments at fair value	<u>\$ 137,307,873</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions of the common collective trust held by the Plan may be subject to a sixty-five day notice period and the fund is valued quarterly. There are no unfunded commitments.

Note D. 401(h) Account:

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the pension plan. The related obligations for health benefits are not included in this Plan's obligations in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the plan sponsor. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h). At December 31, 2021 and 2020 the 401(h) account interest in the net assets of the trust was \$20,320,324 and \$17,334,954, respectively. Assets of the 401(h) account are invested in mutual funds. In addition to mutual funds, the 401(h) account held \$10,942 and \$9,380 in accrued income at December 31, 2021 and 2020, respectively. See Note C for valuation information.

The following tables set forth by level, within the fair value hierarchy, the investments held in the 401(h) account at fair value as of December 31:

	2021			
<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 20,309,382	\$ 20,309,382	\$ -	\$ -
Total investments in the fair value hierarchy	<u>\$ 20,309,382</u>	<u>\$ 20,309,382</u>	<u>\$ -</u>	<u>\$ -</u>

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

Description	2020			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 17,325,574	\$ 17,325,574	\$ -	\$ -
Total investments in the fair value hierarchy	<u>\$ 17,325,574</u>	<u>\$ 17,325,574</u>	<u>\$ -</u>	<u>\$ -</u>

Note E. Actuarial Valuation:

The actuarial valuations for the Plan years ended December 31, 2021 and 2020 provided the following information:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 54,055,781	\$ 51,245,348
Other Participants	47,584,308	45,510,609
Terminated Vested Participants	<u>7,367,740</u>	<u>7,393,835</u>
Total Vested Benefits	109,007,829	104,149,792
Nonvested Benefits	<u>1,501,551</u>	<u>1,778,584</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 110,509,380</u>	<u>\$ 105,928,376</u>

Change in Present Value of Accumulated Plan Benefits: The actuarial valuation for the Plan year ended December 31, 2021 provided the following additional information regarding the changes in accumulated Plan benefits:

	2021
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 105,928,376
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated	2,872,893
Benefits Paid	(6,489,435)
Interest Accumulated	7,705,674
Assumption Changes	56,269
Plan Amendment	<u>435,603</u>
Net Increase in Actuarial Present Value of Accumulated Plan Benefits	<u>4,581,004</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 110,509,380</u>

**UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT**

The actuarial methods and assumptions were as follows:

Mortality:	PRI – 2012 Employee and Healthy Annuitant Tables for 2021 and 2020
Long Term Rate of Return:	7.50% compounded annually for 2021 and 2020, respectively

Note F. Tax Exempt Status:

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated February 2, 2018, stating that the Plan is qualified under Section 401(a) of the IRC. Accordingly, the Plan is exempt from taxation. The plan sponsor believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan remains qualified and tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note G. Priorities Upon Termination:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

1. Costs for participants who have been receiving benefits or who have been eligible to receive benefits upon normal or late retirement for three or more years as of the date of termination.
2. Costs for participants who have been receiving benefits or who have been eligible to receive benefits upon normal or late retirement for less than three years as of the date of termination.
3. Costs for all other benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”).
4. Costs for any other remaining benefits.

Certain benefits under the Plan are insured by the PBGC upon termination of the Plan. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors’ pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Also, there is a statutory ceiling on the amount of an individual’s monthly benefit that the PBGC guarantees.

Whether or not all participants will receive their benefits in whole or in part upon plan termination will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

If it ever becomes necessary to terminate the Plan, the Plan assets then held must be used on behalf of the participants. In no event will any of the Plan assets revert to the employer except that, and not withstanding any other provision of the Plan, the employer shall receive such amounts, if any, as may remain after the satisfaction of all liabilities of the Plan and any amounts arising out of any variations between actual requirements and expected actuarial requirements.

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

Note H. Parties-In-Interest:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustees are considered party-in-interest transactions.

Note I. Compliance and ERISA:

The plan administrator has elected the method of compliance permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, no auditing procedures with respect to information certified as complete and accurate by SEI Private Trust Company and State Street Bank and Trust Company, the trustees of the Plan, were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedules. This information included investments held at December 31, 2021 and 2020, investment earnings and other investment-related transactions of the Plan for the year ended December 31, 2021, and the information contained in the supplemental schedules.

Note J. Risks and Uncertainties:

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Contributions and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in the assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Note K. Subsequent Events:

The Company has evaluated subsequent events through October 6, 2022, the date these financial statements were available for issuance. During this period there were no material subsequent events which impacted the Plan's financial statements.

UNITIL CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEE INDEPENDENT AUDITOR'S REPORT

Note L. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits on the financial statements to the Form 5500 as of December 31:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits on the financial statements	\$ 155,805,933	\$ 141,505,995
401(h) Account included on the Form 5500 (see Note D)	<u>20,320,324</u>	<u>17,334,954</u>
Net assets available for benefits on the Form 5500	<u>\$ 176,126,257</u>	<u>\$ 158,840,949</u>

The following is a reconciliation of the net increase on the financial statements to the Form 5500 for the year ended December 31, 2021:

	<u>Net Increase</u>
Net increase on the financial statements	\$ 14,299,938
Income attributed to the 401(h) Account included on the Form 5500	3,043,783
Administrative expenses of the 401(h) Account included on the Form 5500	<u>(58,413)</u>
Net increase on the Form 5500	<u>\$ 17,285,308</u>

UNITIL CORPORATION RETIREMENT PLAN

EIN: 02-0383661

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	SEI Core Property Collective Investment Trust	Common collective trust	\$ 3,269,287	\$ 6,854,614
*	SEI Government Fund	Mutual fund	25	25
*	SEI International Equity Fund	"	18,399,281	20,976,625
*	SEI Large Cap Fund	"	22,721,267	22,599,289
*	SEI Large Cap Index Fund	"	26,647,909	33,663,826
*	SEI Small Cap Fund	"	9,231,479	9,116,500
*	SEI Emerging Markets Debt Fund	"	6,055,983	5,797,468
*	SEI High Yield Bond Fund	"	7,526,922	7,509,682
*	SEI Intermediate Duration Credit Fund	"	31,043,959	29,595,464
*	SEI Limited Duration Bond Fund	"	7,417,490	7,399,767
*	SEI Opportunistic Income Fund	"	7,552,550	7,477,439
	Vanguard Federal Money Market Fund	"	911,831	911,831
		Total mutual funds	137,508,696	145,047,916
		Total Investments on financial statements	140,777,983	151,902,530
	401(h) Account Investments:			
*	SEI International Equity Fund	Mutual fund	1,399,525	1,605,267
*	SEI Large Cap Index Fund	"	5,713,641	8,417,015
*	SEI Small Cap Fund	"	1,352,583	1,428,206
*	SEI Core Fixed Income Fund	"	6,118,803	6,094,701
*	SEI Limited Duration Bond Fund	"	1,383,085	1,377,082
*	SEI Opportunistic Income Fund	"	1,396,493	1,387,111
		Total mutual funds	17,364,130	20,309,382
		Total Investments on Form 5500	\$ 158,142,113	\$ 172,211,912

* Denotes party-in-interest to the Plan.

UNITIL CORPORATION RETIREMENT PLAN

EIN: 02-0383661

Plan Number: 001

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SINGLE TRANSACTIONS:</u>						
None						
<u>SERIES TRANSACTIONS:</u>						
SEI Large Cap Fund (SLCAX)	Mutual fund	\$ 4,092,596	\$ 2,724,637	\$ 2,578,161	\$ 6,817,233	\$ 146,476
SEI Large Cap Index Fund (LCIAX)	"	3,084,290	4,554,778	3,674,137	7,639,068	880,641

Disclosure is consistent with Form 5500 instructions for transactions in excess of 5% of beginning of year net assets.



**Attachment to 2021 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

.....Completed Years of Credited Service											
<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 <u>+</u>	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	1	0	0	0	0	0	0	0	1
30 – 34	0	0	0	3	0	0	0	0	0	0	3
35 – 39	0	0	1	5	4	0	0	0	0	0	10
40 – 44	0	0	1	6	1	2	0	0	0	0	10
45 – 49	0	1	2	15	5	6	1	0	0	0	30
50 – 54	0	0	1	15	10	8	5	3	0	0	42
55 – 59	0	0	2	10	6	18	11	25	5	0	77
60 – 64	0	0	0	8	4	9	3	6	3	1	34
65 – 69	0	0	0	3	2	2	2	1	0	2	12
70 & Up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals	0	1	8	65	32	45	22	35	8	3	219

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Unitol Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

Expected Investment Return/
ASC 960-20 Interest Rate

7.50% (previously, 7.40%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year for funding. PRI-2012 Employee Tables with Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2020 (previously, projected forward with Scale MP-2019).

Disability Mortality

The IRS applicable mortality table per Revenue Ruling 96-7 for funding purposes. PRI-2012 Disabled Retiree Table projected forward with Scale MP-2020 (previously, projected forward with Scale MP- 2019 for all years).

Salary Increases

3.00% per year.

Lump Sum Conversion

The third segment rate for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv) minus 150 basis points, and the IRS applicable mortality table per Revenue Ruling 2001-62 were used (previously, the effective interest rate rounded up to the next 25 basis points, minus 150 basis points).

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

D ACTUARIAL ASSUMPTIONS (cont'd)

ASC 960-20 Lump Sum Conversion

The December 30 Year Treasury Rate prior to the valuation date, and the IRS applicable mortality table per Revenue Ruling 2001-62 were used (previously, the unadjusted effective interest rate and 417(e) mortality table per IRS Notice 2019-67 projected to decrement based on the MP-2019 projection scale, blended 50/50 for males and females).

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit

\$230,000 for 2021 (unchanged).

Compensation Limit

\$290,000 for 2021 (previously, \$285,000).

Incidence of Disability

None.

Employee Termination

Sample rates as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	9.9%	14.9%
30	6.9%	9.9%
35	4.9%	6.9%
40	2.8%	4.9%
45	1.7%	2.8%
50	0.4%	1.7%
55	0.0%	0.4%

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Unitol Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

D ACTUARIAL ASSUMPTIONS (cont'd)

Retirement Age

Sample rates as follows:

Non-Bargained Employees:

<u>Age</u>	<u>Rate</u>
55-59	2.0%
60	10.0%
61	5.0%
62	50.0%
63-64	7.5%
65	100.0%

Bargaining Unit Employees:

<u>Age</u>	<u>Rate</u>
55-59	3.0%
60	12.0%
61	7.0%
62	50.0%
63-64	10.0%
65	100.0%

Marital Assumption

It has been assumed that 100% of all participants are married. Husbands are assumed to be three years older than their wives.

Form of Payment

Life annuity for all divisions other than Northern Utilities Union/Granite State Union.

For Northern Utilities Union and Granite State Union, it has been assumed that 30% elect a life annuity and 70% elect a lump sum payable at retirement age.

Expenses

\$640,000 (previously, \$620,000).

The required Schedule of Reportable Transactions is included in the audited financial statements.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

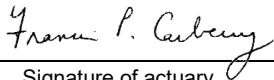
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UNITIL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Unitil Service Corporation	D Employer Identification Number (EIN) 02-0383661
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a 141409780
b Actuarial value	2b 133254082
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 324 (2) Vested Funding Target 60388356 (3) Total Funding Target 60388356
b For terminated vested participants	144 9571397 9571397
c For active participants	219 54812005 56865778
d Total	687 124771758 126825531
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.60 %
6 Target normal cost	
a Present value of current plan year accruals	6a 3127013
b Expected plan-related expenses	6b 640000
c Total (line 6a + line 6b)	6c 3767013

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Francis P. Carberry, F.S.A., E.A. Type or print name of actuary Transamerica Firm name PO Box 428 Cedar Rapids, IA 52406-0428 Address of the firm	09/06/2022 Date 20-05393 Most recent enrollment number (508) 903-6017 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 210624

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		111349
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		6013
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		117362
d Portion of (c) to be added to prefunding balance		117362
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	117362

Part III Funding Percentages

14 Funding target attainment percentage	14	104.97 %
15 Adjusted funding target attainment percentage	15	105.06 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05-27-2022	950001				
07-01-2022	950001				
07-29-2022	950001				
09-01-2022	950001				
Totals ▶			18(b)	3800004	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3495160

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a** 3767013**b** Excess assets, if applicable, but not greater than line 31a.....**31b** 3767013**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35).....**36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37** 3495160**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36).....**38a** 3495160**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....**38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39** 0**40** Unpaid minimum required contributions for all years.....**40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected.....☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made.....☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Attachment to 2021 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Rates of Retirement for Non-Bargained Employees:

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.020000	1,000,000	1.000000	0.020000	1.100000
56	0.020000	980,000	0.980000	0.019600	1.097600
57	0.020000	960,400	0.960400	0.019208	1.094856
58	0.020000	941,192	0.941192	0.018824	1.091783
59	0.020000	922,368	0.922368	0.018447	1.088394
60	0.100000	903,921	0.903921	0.090392	5.423525
61	0.050000	813,529	0.813529	0.040676	2.481263
62	0.500000	772,852	0.772852	0.386426	23.958421
63	0.075000	386,426	0.386426	0.028982	1.825864
64	0.075000	357,444	0.357444	0.026808	1.715732
65	1.000000	330,636	0.330636	0.330636	21.491331

Average age at retirement

62.368768

Rounded for Schedule SB item 22

62

**Attachment to 2021 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Rates of Retirement for Bargaining Unit Employees:

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.030000	1,000,000	1.000000	0.030000	1.650000
56	0.030000	970,000	0.970000	0.029100	1.629600
57	0.030000	940,900	0.940900	0.028227	1.608939
58	0.030000	912,673	0.912673	0.027380	1.588051
59	0.030000	885,293	0.885293	0.026559	1.566968
60	0.120000	858,734	0.858734	0.103048	6.182885
61	0.070000	755,686	0.755686	0.052898	3.226779
62	0.500000	702,788	0.702788	0.351394	21.786426
63	0.100000	351,394	0.351394	0.035139	2.213782
64	0.100000	316,255	0.316255	0.031625	2.024029
65	1.000000	284,629	0.284629	0.284629	18.500892

Average age at retirement

61.978351

Rounded for Schedule SB item 22

62

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Plan Status

Closed to new entrants.

Effective Date

January 1, 1985. Amended and restated generally effective January 1, 2013. Most recent amendment effective October 28, 2020.

Eligibility

All eligible employees shall become participants in the plan on the first day of the month following completion of three months of service. Employees hired on or after the decision and freeze date noted below for the applicable division are not eligible to participate in the Plan.

The employees in the following divisions who were participants as of the Decision Date were given the choice to continue participation in the Plan or have their benefit frozen as of the Freeze Date and accrue future benefits outside the Plan:

<u>Division</u>	<u>Decision and Freeze Date</u>
All Non-Union	December 31, 2009
Northern Portsmouth Union	December 31, 2010
Northern Portland Union	December 31, 2012
Granite Union	December 31, 2012
UES Union	
(IBEW-Concord, Exeter)	December 31, 2012
Fitchburg Union	December 31, 2013
	<i>(Freeze date May 31, 2013 for new entrants)</i>

Participants who elected to freeze their benefits are still considered active participants of the Plan. Though their benefits under the Plan will not increase, they will earn additional service for vesting purposes.

Credited Service

One year of service is given for each calendar year in which a participant completes 1,000 hours.

Northern Utilities Non-Union and Granite State Non-Union employees will earn credited service for benefit accrual purposes effective December 1, 2008. Service prior to December 1, 2008 will be granted for vesting and eligibility purposes only.

Annual Wages

Total wages inclusive of "sick pay" and lump sum payments made in lieu of merit or general pay increases but excluding overtime, bonuses, supplementary incentive compensation payments and other non-recurring compensation. For commission salesmen, total wages include 75% of commissions earned during a plan year.

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitol Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Average Monthly Wages

Highest 60 consecutive months of aggregate Annual Wages within the last 20 years.

Final Average Pay

Average of the highest three (3) years of Annual Wages in the ten (10) years preceding the effective date of the Employee's employment termination up to a maximum of \$70,000 for Northern Portland Union (as of April 1, 2017, previously \$60,000) and Granite State Union (as of April 1, 2017, previously \$60,000) and \$83,000 for Northern Portsmouth Union Employees (as of September 6, 2020, previously \$73,000).

Primary Social Security Benefit

Social Security benefits calculated for purposes of determining plan benefits are based on the Social Security Act in effect on December 31, 1970, current Average Monthly Wages, and no future earnings after termination.

Social Security Supplement

For the Northern Utilities Union and Granite State Union divisions only, an Employee who has attained age sixty (60) but not age sixty-two (62) retires from active service, then his benefit shall be increased, but only until such Employee reaches age sixty-two (62), by an amount equal to the smaller of (a) 2 percent of such Employee's Final Average Pay multiplied by his years of Credited Service (but not more than twenty-five (25) such years), or (b) the Primary Social Security Benefit to which such Employee would be entitled at age sixty-two (62).

Such supplemental benefit shall be payable in the form of a single life annuity regardless of the form in which the Employee's other benefits hereunder are payable, terminating upon death if the Employee dies before attaining age sixty-two (62), provided, however, that if he elects a single lump sum form of payment for his other benefits hereunder, the value of such supplemental benefit shall also be payable as a single lump sum.

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Normal or
Deferred Retirement

Employees who have attained age 65 with five years of service may retire and are eligible for the normal retirement benefit.

For all divisions except for Northern Utilities Union/Granite State Union, the normal retirement benefit is equal to a percentage (calculated below) of the employee's average monthly wages reduced by 50% of the Primary Social Security Benefit. The percentage of Average Monthly Wages is the sum of:

- (i) 2% for each of the first 20 years of credited service, plus,
- (ii) 1% for each of the next 10 years of credited service, plus,
- (iii) 1/2% for each year of credited service in excess of 30 years.

The minimum monthly pension payable at normal retirement date is the greater of (a) \$100 or (b) the employees' accrued benefit as of May 1, 1998 under the plan or any predecessor plan, as that term is defined in the plan document.

For Northern Utilities Union/Granite State Union Employees, their normal retirement benefit consists of 1.25% of Final Average Pay for each year of Credited Service (up to a maximum of forty-five (45) years).

Early Retirement Date

For all divisions except for Northern Utilities Union and Granite State Union, employees with 15 or more years of credited service earned subsequent to attaining age 18 who have attained the age of 55 may retire at the beginning of any month.

Effective June 1, 2005, bargaining unit employees (except for those in Northern Utilities and Granite State) may retire with an unreduced benefit if they have attained age 55, and the sum of age and credited service is greater than or equal to 85.

For Northern Utilities Union and Granite State Union, early retirement benefits are available for a participant who has attained the age of fifty-five (55) years and completed ten (10) or more years of Credited Service.

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Early Retirement Benefit

For all divisions except for Northern Utilities Union and Granite State Union, the basic benefit is calculated the same as in the normal retirement formula but reduced, if payments commence before the employee's 60th birthday, by 5/12% for each month before age 60.

Employees who were employed by Fitchburg Gas and Electric Light Company as of May 1, 1998 may elect to have the early retirement provisions of their predecessor plan apply with respect to their accrued benefit as of October 1, 1998 with provisions of the restated plan applied to benefit accruals after May 1, 1998.

For the Northern Utilities Union and Granite State Union divisions, the basic benefit is calculated the same as in the normal retirement formula but reduced as follows:

- (a) If at least twenty-five (25) years of Credited Service and retire after the age of fifty-five (55) years and prior to the age of sixty (60) years, three tenths (3/10) of 1 percent for each full month that the date such benefit is to commence precedes sixtieth (60th) birthday;
- (b) If at least twenty-five (25) years of Credited Service and retire after the age of sixty (60) years, no reduction; or
- (c) If less than twenty-five (25) years of Credited Service, three tenths (3/10) of 1 percent for each full month that the date such benefit is to commence precedes Normal Retirement Date.
- (d) If terminated employment before age 55, five ninths (5/9) of 1 percent for each full month that the date on which such benefit is to commence precedes Normal Retirement Date.

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Disability Retirement

Employees with 15 or more years of credited service earned subsequent to age 18 who become totally and permanently disabled are eligible for a disability retirement benefit, subject to the following:

For all employees (except for Fitchburg Gas and Electric Light Company bargaining unit employees hired before June 1, 1985), the disability benefit commences on the employee's normal retirement date, and is based on the employee's average monthly wage at date of disability and on credited service that the employee had earned at his date of disability, plus credited service that he would have earned, had the employee not been disabled.

For Fitchburg Gas and Electric Light Company bargaining unit employees hired before June 1, 1985, the disability benefit is calculated based on the terms of the predecessor plan applicable to such employees. The disability benefit determined for such employees is payable immediately, and continues until such employee's normal retirement date (or cessation of disability, if earlier). The benefit is adjusted annually while in pay status to reflect additional credited service that would have been earned had the employee not been disabled.

Pre-Retirement Death Benefit

Each employee with five or more years of credited service who has not yet retired shall have a survivor annuity in effect for his or her spouse beginning the first day of the month following the employee's earliest retirement date.

The spouse shall receive an amount equal to 50% of the amount which the employee would have received if the employee had terminated employment the day prior to death, survived to their earliest retirement age, retired as of such date under a qualified joint and survivor annuity and died on the day after their earliest retirement age. The benefit formula is the same as for early retirement.

Employees who have retired under the terms of the plan but have not commenced receiving benefits at death, as well as employees who die while actively employed by the employer and after having completed at least 15 years of service, are eligible for an alternative minimum spouse benefit, the value of which will at least equal the value of the benefit described above.

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

Vesting

An employee whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit if he or she has earned the following credited service subsequent to attaining age 18:

<u>Division</u>	<u>Credited Service</u>
Northern Portland Union	Three (3) Years
Northern Portsmouth Union	Three (3) Years
All Other Divisions	Five (5) Years

The benefit is calculated the same as for normal retirement. If the benefit commences prior to the employee's normal retirement date, the benefit prior to the Social Security benefit offset is reduced by 1/12% for each of the first 35 full calendar months between commencement of benefits and normal retirement date, 11/12% for each of the next 12 months, 5/12% for each of the next 12 months and 1/2% for each of the next 60 months.

Form of Payment

The benefit is paid monthly ceasing at the retired employee's death. However, the normal form of payment for a married employee is a reduced payment which allows for a continuation of payments to the spouse after the employee's death. Spousal consent is required in the case of a married employee electing a form of benefit other than a joint and survivor annuity with the spouse as the contingent annuitant.

Lump-Sum Option

Northern Utilities Union and Granite State Union employees may elect a single lump sum upon termination or retirement in lieu of a monthly pension.

Funding

The Employer pays the entire cost of the plan.

Optional Forms of Payment

Single Life Annuity.
Single Life Annuity with 5/10 Years Certain.
50% Joint and Survivor (QJSA).
66-2/3% Joint and Survivor.
100% Joint and Survivor.
50% Joint and Survivor with Pop-Up (Northern Utilities Union/Granite State Union only).
Lump Sum (Northern Utilities Union/Granite State Union only).

**Attachment to 2021 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Unitil Corporation Retirement Plan
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Actuarial Equivalence

Non lump sum conversion basis is 1983 Group Annuity Mortality as described in Revenue Ruling 95-28 and interest at 7%.

Lump sum conversion is 30-year Treasury for 4th month prior to plan year and mortality prescribed by Revenue Ruling 2001-62 (minimum is based on IRC Section 417(e)).

Significant Events Since
Prior Valuation

None.

Benefits Not Valued

Other than small (under \$5,000) lump sum cashout form of payment, none of which we are aware.

The required Schedule of Assets (Held at End of Year) is included in the audited financial statements.

**Attachment to 2021 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Unitil Corporation Retirement Plan
E.I.N.: 02-0383661 Plan No.: 001**

For 2021, \$640,000 included in target normal cost as expected expenses (previously, \$620,000).

For 2021, the expected investment return increased to 7.50% (previously, 7.40%).

For the 2021, ASC 960-20 Lump Sum Conversion is based on the December 30 Year Treasury Rate prior to the valuation date, and the IRS applicable mortality table per Revenue Ruling 2001-62 were used (previously, the unadjusted effective interest rate and 417(e) mortality table per IRS Notice 2019-67 projected to decrement based on the MP-2019 projection scale, blended 50/50 for males and females).