

**Addendum to Declaration of Compliance**  
**Pension Plan Amendment Information Form**

**Name of Pension Plan:** \_\_\_\_\_ **PBSA Registration Number:** \_\_\_\_\_

1. The effective date of the amendment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  dd    mm    yy

2. The amendment number(s): \_\_\_\_\_

3. Indicate whether the amendment involves a change to the following:

3.1      \_\_\_\_\_ Contribution rates

3.2      \_\_\_\_\_ Benefit provisions

3.3      \_\_\_\_\_ Other terms and conditions of the plan

Briefly describe the nature of the amendment. Does it include such items as variable contribution rates, disability benefits paid from the plan, bridge benefits, flexible benefits, automatic indexation, priorities on termination, pensionable age, plan termination, conversion or merger, etc.?

\_\_\_\_\_

\_\_\_\_\_

4. Impact of the amendment on the plan:

4.1      Indicate the period of service affected by the amendment:

\_\_\_\_\_ service from date of amendment   \_\_\_\_\_ service prior to amendment   \_\_\_\_\_ all service

If other, please explain: \_\_\_\_\_

4.2      Indicate to which members the amendment applies:

\_\_\_\_\_ new entrants only    \_\_\_\_\_ deferred vesteds    \_\_\_\_\_ actives    \_\_\_\_\_ retirees

If other, please explain: \_\_\_\_\_

5. Does the amendment have the effect of reducing accrued pension benefits or pension benefit credits? (Yes/No) \_\_\_\_\_

5.1      If "Yes", has approval by the Superintendent been obtained? (Yes/No) \_\_\_\_\_

6. For defined benefit plans, does the amendment result in a cost to the plan? (Yes/No) \_\_\_\_\_

6.1      If "Yes", cost is covered in:

\_\_\_\_\_ a previous valuation report   \_\_\_\_\_ a new valuation report

If other, please explain: \_\_\_\_\_

Effective date of relevant valuation report: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  dd    mm    yy

7. Has notification been given to members? (Yes/No) \_\_\_\_\_

If "No", please explain: \_\_\_\_\_