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Website address: <http://www.gov.mb.ca/labour/pen/index.html>

The remittance should be made payable to the MINISTER OF FINANCE

c/o Cashier  
614 - 401 York Avenue  
Winnipeg MB R3C 0P8

For Commission Use Only
File No.
Approved

**SIMPLIFIED MONEY PURCHASE PENSION PLAN  
ANNUAL INFORMATION RETURN**

**Fiscal Year**

December 31, 20 \_\_\_\_\_ other \_\_\_\_\_

Registration No. \_\_\_\_\_

Number of months in this fiscal year \_\_\_\_\_

**1. Plan Identification**

Name of SMPPP \_\_\_\_\_

Simplified Money Purchase Pension Plan Contract or Policy No. \_\_\_\_\_

**2. Administrator of the Plan**

Identify contact person, and name and address of Financial Institution administering the SMPPP.

Name of Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Financial Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ E-mail address: \_\_\_\_\_

**3. Participating Employers** *Please also complete Appendix 1 and 2.*

(a) Number of participating employers at the end of the preceding fiscal year \_\_\_\_\_

(b) ADD - Number of participating employers that joined the plan during the fiscal year \_\_\_\_\_

(c) SUBTOTAL \_\_\_\_\_

(d) SUBTRACT - Number of participating employers whose participation ceased during the fiscal year \_\_\_\_\_

(e) TOTAL - Number of participating employers at the end of the fiscal year \_\_\_\_\_

**4. Amendments to Participating Employers' Plans During the Year**

*Please attach a copy of any amendment(s) executed to a participating employer's plan document during the fiscal year covered by this return.*

**5. Membership**

(a) Number of active members at the end of the fiscal year \_\_\_\_\_

(b) Number of members who joined the plan during the fiscal year \_\_\_\_\_

(c) SUBTOTAL \_\_\_\_\_

(d) Number of cessations of active membership during the year \_\_\_\_\_

Male

Female

(e) TOTAL - Number of active members at the end of the fiscal year \_\_\_\_\_

6. **Contributions made to the Plan during the fiscal year**

(a) Member Contributions	Required	\$ _____
	+ Voluntary	\$ _____
	Total	\$ _____
(b) Participating Employer Contributions	Required	\$ _____

7. **Investment Information**

(a) Does the plan have a written statement of investment policies and procedures which complies with *The Pension Benefits Act*?

Yes       No

(b) Has the plan's written statement of investment policies and procedures been established or reviewed in the fiscal year covered by this return?

Yes       No

8. **Employer Certification**

The regulations require a participating employer to provide the financial institution with a certified statement regarding the remittance of contributions required for the fiscal year. Have **all** participating employers filed the prescribed statement for the fiscal year covered by this return?

Yes       No

If no, please provide details. \_\_\_\_\_

9. **Annual Filing Fee**

Attach a cheque for \$250.00 payable to the MINISTER OF FINANCE.

10. **Financial Institution's Certification**

I hereby certify that to the best of my knowledge and belief, and relying on the information provided by participating employers:

- (a) the pension plan has been administered in accordance with the terms and conditions of the plan, and *The Pension Benefits Act* and regulations; and
- (b) the assets of the plan have been invested and the investments have been made in accordance with the requirements of *The Pension Benefits Act* and the plan's written statement of investment policies and procedures; and
- (c) the details entered on this information return and appendices are true and correct.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Financial Institution

\_\_\_\_\_  
Name (PRINTED)

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Financial Institution



APPENDIX 1 Information Concerning New Participating Employers - Cont'd

*Please attach a copy of each participating employer's plan text and any amendment thereto to this Return.*

11.

Employer:
Mailing Address:
Number of Plan Members @ Effective Date of Participation: <i>Male:</i> <i>Female:</i>

12.

Employer:
Mailing Address:
Number of Plan Members @ Effective Date of Participation: <i>Male:</i> <i>Female:</i>

13.

Employer:
Mailing Address:
Number of Plan Members @ Effective Date of Participation: <i>Male:</i> <i>Female:</i>

14.

Employer:
Mailing Address:
Number of Plan Members @ Effective Date of Participation: <i>Male:</i> <i>Female:</i>

**APPENDIX 2 Participating Employers whose Participation Ceased during the Fiscal Year**

Provide the following information for all participating employers whose participation ceased during the fiscal year.

1.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

2.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

3.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

4.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

5.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

6.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

7.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

8.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

9.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

10.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

11.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

12.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

13.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

14.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

APPENDIX 2 **Participating Employers whose Participation Ceased during the Fiscal Year - Cont'd**

15.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

16.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

17.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

18.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

19.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

20.

Employer:	Date of Cessation:
Termination of Employer's SMPPP <input type="checkbox"/>	Transfer to New Financial Institution's SMPPP <input type="checkbox"/> Establish New RPP <input type="checkbox"/>

Manitoba Labour  
and Immigration  
Pension Commission



**CERTIFICATION OF A  
PARTICIPATING EMPLOYER UNDER  
A SIMPLIFIED MONEY PURCHASE PENSION PLAN**  
[Pension Benefits Regulations, 51]

Section 51 of the Pension Benefits Regulations states that

**51 Employer to give information re contributions**  
The participating employer shall provide the financial institution administering the simplified pension plan, not later than three months after the end of each fiscal year of the simplified pension plan, a statement that is certified by the employer and in a form prescribed by the commission respecting contributions made to the simplified pension plan in the previous fiscal year and whether all contributions required for the fiscal year have been made.

Fiscal Year ending December 31, 20 \_\_\_\_\_ other \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of SMPPP \_\_\_\_\_

Simplified Money Purchase Pension Plan Contract or Policy No. (If applicable) \_\_\_\_\_

Name and Address of *Participating Employer* \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ E-mail address: \_\_\_\_\_

**I hereby certify that to the best of my knowledge and belief, the contributions paid to the simplified money purchase pension plan or fund for the fiscal year under review have been at least equal to those required under *The Pension Benefits Act* and regulations.**

Date \_\_\_\_\_

Signature

Name (PRINTED)

Title or Position

Title or Position with Participating Employer

**Once completed and executed, please return to:**

Name and Address of *Financial Institution* administering the Simplified Money Purchase Pension Plan

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

**Canada Customs and Revenue Agency Schedule**



**1. Identification** Canada Customs and Revenue Agency Registration Number

\_\_\_\_\_

Is the location of books and records the same as the mailing address?  or

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

**2. Financial Data (Plan Year)**

Amounts transferred in from other plans .....	Line 1	_____
Net investment earnings (losses) .....	Line 2	_____
Payment of benefits .....	Line 3	_____
Transfer of benefits to other plans .....	Line 4	_____
Assets (market value) at beginning of the plan year .....	Line 5	_____
Assets (market value) at end of plan year .....	Line 6	_____

**3.** Did the pension plan terminate or become inactive in this year or in a previous year?  
Yes  No

If yes, what was the:

- effective date of plan termination: \_\_\_\_/\_\_\_\_/\_\_\_\_, and if applicable,  
YY MM DD
- date of final distribution of funds: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
YY MM DD

If you answered yes, you can go directly to “Certification” on the main form.

**4.** How many active members were persons connected with the employer? \_\_\_\_\_

**5.** How many employers participated in the plan at plan year end? \_\_\_\_\_

***Specified Multi-employer plans, go to “Certification”.  
Multi-employer plans, go to 9. Other plans continue with 6.***

**6.** Did any member of this plan participate:  
• in any other RPP or DPSP provided by this plan sponsor? Yes  No  ; or  
• in a RPP or DPSP of any other sponsor who does not deal at arm’s length with this sponsor?  
Yes  No

**7.** Have any connected persons joined or left the plan in the plan year? Yes  No

**8.** In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?  
Yes  No  N/A

***Money Purchase plans, go to “Certification”. Other plans continue with 9.***

**9.** Were any plan members provided with post-1989 past-service benefits in the plan year? Yes  No

**10.** Have any plan members who are connected persons been provided with pre-1992 past-service benefits in the plan year? Yes  No

**GO TO CERTIFICATION (page 3)**



### **SECTION 1 - Plan Identification**

Every Simplified Money Purchase Pension Plan ("SMPPP") submitted for registration must have a name that distinguishes it from all other pension plans. The name of the plan must contain the phrase "Simplified Money Purchase Pension Plan".

### **SECTION 2 - Administrator of the Plan**

The financial institution that issues the SMPPP must also be the administrator of the plan. The name and title of the person at the financial institution who is the contact for the SMPPP, as well as the full name and mailing address of the head office of the financial institution that is responsible for administering the plan must be provided.

### **SECTION 3 - Participating Employers**

This section identifies the increase or decrease in number of participating employers over the fiscal year covered by the return. With respect to new participating employers that have joined the plan since the previous plan year end, or if this is the first return being filed, since the application for registration of the SMPPP was made, Appendix 1 must be completed. *A copy of each new participating employer's plan text and any amendment thereto must be attached to the Return.* For employers who ceased participation during the same period, Appendix 2 must be completed.

### **SECTION 4 - Amendments to the Plan**

A copy of any amendment(s) executed to a participating employer's plan document must be filed with the Return.

A copy of any amendment(s) to any other document which constitutes the SMPPP must be filed by the financial institution with the Pension Commission as required under Section 9(2) of the regulation.

### **SECTION 5 - Membership**

This section is intended to account for changes in the total plan membership:

- (a) Number of active members at the end of the fiscal year: Should reflect the figure reported in Section 5(e) of the previous year's Annual Information Return. If the return is being completed at the end of the first fiscal year of the plan, indicate nil under this section.
- (b) Number of members who joined the plan during the fiscal year: Provide the total number of employees who joined the plan either as new members of an existing participating employer or as new members of a new participating employer. If the return is being completed at the end of the first fiscal year of the plan, provide the total new members under this section.
- (c) Subtotal: Add the figures shown in (a) and (b).
- (d) Number of cessation of active membership during the year: Provide the total number of plan members who ceased participation in the plan by reason of termination, pre-retirement death, retirement or plan termination.
- (e) Total: Subtract the total number of cessation (d) from the subtotal of active members (c) for the total number of active members as at the plan's year end.

### **SECTION 6 - Contributions made to the Plan**

This section refers to the total contributions made during the year under review by all the plan members and participating employers respectively. (Indicate the total dollar amount paid for the year or period under review).

- (a) **Required Member Contributions:** Monies paid by the member(s) in respect of the year under review.  
**Additional Voluntary:** Any monies paid by the members on a voluntary basis. Indicate **not applicable** if no monies were paid.  
**Total:** Add the required payments and the voluntary payments made to total.
- (b) **Required Employer Contributions:** Monies paid by all the participating employers in respect of the year under review and that which is required under the agreement or terms of the participating employer's plan. **This does not include Administrative charges.**

### **SECTION 7 - Investment Information**

- (a) The plan administrator must establish a written statement of investment policies and procedures in respect of the plan's portfolio of investments and loans. The administrator must ensure that the plan's statement of investment policies and procedures was written having regard to all factors that may reflect the funding and solvency of the plan and the ability of the plan to meet its financial obligations. The written statement should include:
  - o a description of the factors taken into account when establishing the statement, including the type of pension plan and the nature of its liabilities;
  - o the categories of permitted and prohibited investments and loans, including derivatives, options and futures;
  - o the diversification requirements of the investment portfolio;
  - o the asset mix policy and the rate of return expectations;
  - o the plan's liquidity requirements;
  - o a policy with respect to the lending of cash or securities;
  - o a policy with respect to the retention or delegation of voting rights acquired through plan investments;
  - o the method of, and basis for, the valuation of investments that are not regularly traded at a public exchange;
  - o a policy with respect to conflict of interest, including criteria for the disclosure of conflict of interest.
- (b) All plans are required to have a statement of investment policies and procedures. The administrator shall review and confirm or amend the statement of investment policies and procedures at least once each plan year. *Please note that the statement of investment policies and procedures is not required to be filed with the Pension Commission.*

### **SECTION 8 - Employer Certification**

Each participating employer must provide to the financial institution administering the SMPPP not later than three months after the fiscal year end of the plan, a statement certifying that all contributions required for the fiscal year have been paid to the plan. The financial institution administering the SMPPP must confirm that **all** participating employers have filed the required certification regarding contributions to the SMPPP for the year covered by the return, or provide details as to which participating employer(s) has not filed as required.

### **SECTION 9 - Annual Filing Fee**

The Annual Information Return for a SMPPP must be filed with the Pension Commission not later than six months after the end of the plan's fiscal year. The financial institution is responsible for making sure that the return is filed on time. The return must be accompanied by a filing fee. The amount of the fee is \$250.00. The money order or cheque must be made payable to the **Minister of Finance**.

## SECTION 10 - Financial Institution's Certification

An officer of the financial institution administering the SMPPP shall execute the certification section of the return.

Rev.1999

### *How to Complete the Canada Customs and Revenue Agency Schedule*

1. Enter the seven digit Canada Customs and Revenue Agency registration number
2. Note that the sum of line 1 to 4 may not equal the difference in the asset values at the beginning and end of the plan year. Enter the following information:

Line 1 - total amounts transferred in from other RPPs, DPSPs and RRSPs

Line 2 - net investment earnings or net losses

Line 3 - total amount of benefits paid to beneficiaries

Line 4 - total amount of all transfers to other plans including RPPs, RRSPs and RRIFs

Line 5 - market value of assets at the beginning of the plan year

Line 6 - market value of assets at the end of the plan year

3. A plan terminated when contributions have ceased and members have ceased to accrue benefits.

An inactive plan is one that has been terminated by the plan sponsor but the total plan funds have not been disbursed. Examples of inactive plans include those that:

- have no active plan membership, but the employer is continuing to pay pension benefits from the fund;
- are on a paid-up basis but retain registration with the Department.

4. A connected person is generally one who:

- owns directly or indirectly, 10% or more of the issued shares of any class of the capital stock of the employer or a related corporation;
- does not deal at arm's length with the employer; or
- is a specified shareholder of the employer by reason of subsection 248(1) of the *Income Tax Act*.

After Question 5, specified multi-employer plans (SMEP) go to "Certification."

A SMEP has the following characteristics:

In general terms a SMEP is a multi-employer plan where employer contribution rates are negotiated under a collective bargaining agreement and contributions are based on hours worked by an employee. For a complete definition of a SMEP, please refer to section 8510 of the *Income Tax Act*.

After Question 5, multi-employer plans (MEPs) go to Question 9

A MEP is a plan for which, at the beginning of the year, it is reasonable to expect that at no time in the year will more than 95% of the active plan members be employed by a single employer or by a related group of participating employers. For a complete definition of a MEP, please refer to section 8500(1) of the *Income Tax Regulations*.

7. See definition of connected person in Question 4 above.
8. If the sponsor providing the plan is a corporation, indicate if the corporation underwent a change of control during the plan year. When the sponsor is not a corporation, check the box for "Not Applicable."

If you require more information about the Schedule, please contact the Canada Customs and Revenue Agency General Enquiries service at (613)954-0419.