

**Manitoba Labour and Immigration
Pension Commission**

Phone (204) 945-2740 Fax (204) 948-2375

THIS FORM MUST BE SUBMITTED BY

E-MAIL address: pensions@gov.mb.ca

Website address: <http://www.gov.mb.ca/labour/pension/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 Number |
| Approved |

ANNUAL PENSION PLAN INFORMATION RETURN

1. Employer's Name: _____

2. Mailing Address: _____

3. Has your mailing address changed within the last 12 months? Yes No

4. Telephone Number _____ Fax Number _____ Corporate E-mail address (**must be filled in**) _____

5. Canada Revenue Agency Registration Number _____ (same number as on page 4)

6. (a) End of Plan Fiscal Year under review:

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

(b) Number of Months in this Plan Fiscal Year: 12 months Other

7. Change in list of Participating Employers:

(a) For plans with subsidiary or associated companies participating in the pension plan, have there been any additions or deletions to the list of employers? Yes No

(b) If "yes" submit listing

8. (a) Were any amendments made to this pension plan or fund during the fiscal year under review?

Yes No

(b) If "yes", please provide the amendment number(s), by-law(s) and/or resolution date(s).

9. (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

10. Contributions made to the pension fund for the fiscal year covered by this return:
(a contribution payment schedule is provided in the Guide to Completing Annual Information Return section)

Current Service:

| | | |
|--------------------------|--------------|----------|
| (a) Member contributions | required | \$ _____ |
| | + voluntary | \$ _____ |
| | TOTAL | \$ _____ |

10. (continued)

- (b) Employer contributions required \$ _____
- less termination/death credits (forfeitures) \$ _____
- less surplus/other credits (explain) \$ _____
TOTAL \$ _____
- (c) Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the Commission?
_____ Yes _____ No
- (d) If "no," explain any changes: _____

11. If applicable to your pension plan, please state the amount of SPECIAL PAYMENTS paid into the pension plan/fund for the fiscal year under review to liquidate:

| | Unfunded Liability Experience Deficiency or Solvency Deficiency | Date Established | Total Payments for the Plan Year |
|---|---|---------------------|-------------------------------------|
| (a) UNFUNDED LIABILITIES (initial and created by amendments) | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| (b) EXPERIENCE DEFICIENCY(ies) | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| (c) SOLVENCY DEFICIENCY(ies) | \$ _____ | \$ _____ | \$ _____ |
| (d) TOTAL SPECIAL PAYMENTS | \$ _____ | \$ _____ | \$ _____ |
| (e) Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the Commission? _____ Yes _____ No | | | |
| (f) Explain any changes _____ _____ _____ | | | |

12. Defined Contribution/Money Purchase Provisions

Estimate the amount of contributions to be paid into the fund for the next fiscal year of the plan.

- Required Member Contributions: \$ _____
- Required Employer Contributions: \$ _____

13. MEMBERSHIP:

- (a) Number of members at the plan's previous year end: _____
- (b) Add - NEW ENTRANTS, eg., employees joining the plan during the year: _____
- (c) Subtotal (a+b): _____
- Subtract EXITS, eg., employees who ceased to be members during the plan year and no longer have benefits remaining in the plan, for the following reasons:
- (d) retirement _____
- (e) death _____
- (f) disability _____
- (g) termination of membership in the plan _____
- (h) total exits (d + e + f + g) _____ (h) _____
- (i) Total number of members at the plan's year end (c) less (h) _____

14. ACTIVE PLAN MEMBERSHIP AND EMPLOYEES ON PAYROLL:

Number of employees and number of plan members on payroll as of the plan year end under review:

| Designated Province/ Area of Employment (1) | Employees on Payroll | | Plan Members on Payroll | |
|---|----------------------|---------------|-------------------------|----------------|
| | Male (2) | Female (3) | Male (4)* | Female (5)* |
| Alberta | _____ | _____ | _____ | _____ |
| British Columbia | _____ | _____ | _____ | _____ |
| Manitoba | _____ | _____ | _____ | _____ |
| New Brunswick | _____ | _____ | _____ | _____ |
| Newfoundland and Labrador | _____ | _____ | _____ | _____ |
| Northwest Territory | _____ | _____ | _____ | _____ |
| Nova Scotia | _____ | _____ | _____ | _____ |
| Nunavut | _____ | _____ | _____ | _____ |
| Ontario | _____ | _____ | _____ | _____ |
| Outside Canada | _____ | _____ | _____ | _____ |
| Prince Edward Island | _____ | _____ | _____ | _____ |
| Quebec | _____ | _____ | _____ | _____ |
| Saskatchewan | _____ | _____ | _____ | _____ |
| Yukon Territories | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ |

*Base filing fee on total of (4) + (5).

FILING FEE:

In accordance with subsection 8 of the Regulations, a fee is required in respect of each active plan member on payroll in a designated Province and area of employment. (example: 18 employees x \$6.00 = \$108.00)

| Number of Plan Members | Fee |
|------------------------|-----------------------|
| 1 - 16 | \$ 100.00 (minimum) |
| 17 - 2499 | \$ 6.00 (per member) |
| 2500 and over | \$15,000.00 (maximum) |

PLAN SPONSOR/TRUSTEE CERTIFICATION

I hereby certify that to the best of my knowledge and belief,

- (a) the contributions paid to the pension plan or fund have been at least equal to those required under the Regulation, and
- (b) the plan or fund and the investments thereof have been administered in accordance with the Act and Regulations; and
- (c) the plan complies with and is being administered in accordance with the Income Tax Act and Regulations, and
- (d) the details entered on this information return are true and correct.

DATE _____

Signature

Name (PRINTED)

Title or Position

Canada Revenue Agency Schedule



Canada Revenue Agency

Agence du revenu du Canada

1. Identification

Canada Revenue Agency Registration Number

Is the location of books and records the same as the mailing address? Yes No

If no,

Company Name: Address:

City/Town: Province: Postal Code:

2. Financial Data (Plan Year)

Table with 2 columns: Description and Line Number. Rows include: 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), Actuarial Liabilities resulting from plan obligations (Line 7), Date of actuarial liability assessment (Line 8).

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: YYYY MM DD, and if applicable,
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

PLEASE SEE PLAN SPONSOR/TRUSTEE CERTIFICATION (page 3)

GUIDE TO COMPLETING ANNUAL INFORMATION RETURN

Manitoba Labour
and Immigration
Pension Commission

1004-401 York Avenue
Winnipeg MB R3C 0P8

SECTIONS 1 TO 4

Self explanatory

SECTION 5

The registration number assigned by Canada Revenue Agency.

SECTION 6

- (a) That date which is known as the fiscal year end date of the plan. Such date was provided to the Pension Commission originally under Section 8(a) of the "Application for Registration" form. If a change does occur, an amendment is to be submitted.
- (b) The Annual Information Return is to be completed on an annual basis (12 month period), as at the plan year end. If an employer is submitting the first Annual Return, information entered on the form should be for the period from the effective date of the plan up to the plan year end. If the plan has been in effect for less than six months as at the year end, an Annual Return will not be required until the following year end. If however, the plan has been in effect for six months or more as at the plan year end, an Annual return will be required for that period.

SECTION 7

- (a) Answer yes or no if there have been any additions or deletions to the list of participating employers for plans with subsidiary or associated companies. (This does not include changes to the listing of plan members).
- (b) Submit listing of additions or deletions.

SECTION 8

- (a) Answer yes or no if there have been any plan amendments made during the year.
- (b) Indicate the specific number/date assigned to the amendment, by-law or resolution.

SECTION 9

- (a) The employer/plan sponsor must establish a written statement of investment policies and procedures in respect of the plan's portfolio of investments and loans. The employer/plan sponsor must ensure that the plan's statement of investment policies and procedures was written with 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:
 - A description of the factors taken into account when establishing the statement, including the type of pension plan and the nature of its liabilities;
 - the categories of permitted and prohibited investments and loans, including derivatives, options and futures;
 - the diversification requirements of the investment portfolio;
 - the asset mix policy and the rate of return expectations;
 - the plan's liquidity requirements;
 - a policy with respect to the lending of cash or securities;
 - a policy with respect to the retention or delegation of voting rights acquired through plan investments;
 - the method of, and basis for, the valuation of investments that are not regularly traded at a public exchange;
 - 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 employer/plan sponsor shall review and confirm or amend the statement of investment policies and procedures at least once each plan year.

SECTION 10

This section refers to the contributions made during the year under review by the members and employer 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. (If members are not required to contribute to the plan, indicate not applicable (N/A).)
Additional Voluntary: 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 the employer in respect of the year under review and that which is required under the agreement or terms of the plan and in accordance with the Cost Certificate filed with the Pension Commission. (This does not include administrative charges).
Less: Termination and Death Credits (if any): These are credits to the plan resulting from non-vested member terminations or deaths.
Less Surplus/Other Credits: These credits arise primarily from extra payments made by the employer and/or utilization of surpluses in the fund.
Total: Actual new monies paid into the plan for the year under review.

*****NOTE***as the Annual Information Return is completed in arrears, payments made after the plan year under review should be shown with a notation to this fact.**

(c) & (d) The Cost Certificate is an estimate of what is required to be paid into the plan in respect of current service (Section 10). It is understood there could be minor deviances due to changes in membership and payroll, etc. Major variance will necessitate clarification. The Cost Certificate/Actuarial Valuation is completed at least on a triennial basis, unless the solvency ratio is less than 9, in which case a Cost Certificate/Actuarial Valuation is required at the end of the fiscal year following the review date. If there has been a change in the formula shown on the Cost Certificate/Actuarial Valuation, explain any changes in this regard under Section 10(d).

Contribution Payment Schedule

- 1) Employee contributions must be remitted not later than 30 days after the end of the month in which the contributions are received by the employer from an employee or are deducted from the employees remuneration.
- 2) Employer contributions for defined contribution plans - if related to profits of the employer (except any minimum required contributions) not later than 90 days after the end of the plan fiscal year. If not related to profits, or are minimum required contributions, not later than 30 days after the end of the month for which the contributions are payable.
- 3) Employer contributions for plans with a defined benefit provision, employer payments, special payments and previous special payments are required to be remitted not later than 30 days after the end of each period in respect of which they are payable.
- 4) Employer contributions for a multi-unit plan must be remitted 30 days after the end of the month for which the contributions are payable.

SECTION 11

This section refers to special payments made to or under a pension plan for the purpose of liquidating an initial unfunded liability, experience deficiency or solvency deficiency for the period applicable thereto (as determined under Section 2(3) of the Manitoba Regulations).

a) Unfunded Liability existing at registration and created by amendment;

The unfunded liability results from liabilities established for a new plan at the date registration is applied or benefit improvements to the plan necessitate additional funding. The unfunded liabilities are to be paid over a period of time not exceeding 15 years.

- b) An Experience Deficiency arises when an actuarial valuation shows a deficit. It occurs because the assumptions made were not realized. For example, interest earned was less than anticipated (ie. higher salaries, fewer people terminating, etc.). The Regulations outlines that special payments must be made to reduce the deficiency and that the payments shall be made over a term not exceeding five years from the date the deficiency was determined.
- c) A Solvency Deficiency arises when an actuarial valuation shows a deficit. It occurs because the liabilities of the plan determined on a plan termination basis exceed the value of the assets. The Regulations outlines that special payments must be made to reduce the deficiency and that the payments shall be made over a term not exceeding five years from the date the deficiency was determined.
- d) TOTAL -- (A), (B) and (C) for original amount and payments made during the plan year.
- e) Confirm if payments were made in accordance with the last cost certificate/valuation
- f) Explain any variances in payments from the original formula given in the Cost Certificate/Actuarial Valuation. For example, the full funding of a liability from surplus or by direct payment instead of following the originally filed payment schedule.

SECTION 12

This estimation should be based on the expected payroll for money purchase plan members in the upcoming year and the contribution formula stated in the plan text.

SECTION 13

This section is intended to account for changes in plan membership.

- (a) **Number of Members:** Section 13(a) should reflect the figure reported in Section 13(i) of the previous year's Annual Information Return. (If the plan has not been in effect for one year at the time the Annual Information Return is being completed, indicate nil under this section).
- (b) **New Entrants:** Provide the total number of employees who joined the plan during the year under review and who were not members shown on the previous Annual Information Return. (If this is the first Annual Information Return being completed, provide the total new members under this section).
- (c) **Subtotal:** Add the figures shown in (a) and (b) to total.
- (d)-(g) Under each category (retirement, death, disability and termination), provide the number of members who exited during the year under review **AND** no longer have benefits remaining in the plan.
- (h) **Total Exits:** Add (d) through (g) to total the number of exited members.
- (i) **Total Members:** Subtract the total number of exited members (h), from the total members (c) to arrive at the number of members as at the plan's year end.

SECTION 14

*****Note***The filing fee is based on the total of (4) plus (5).**

- (1) Area of Employment includes the provinces of Canada and one section is allocated for outside Canada. Indicate the employees of the company who reside in the applicable province.

Employees on Payroll, Male (2) and Female (3): The total number of male and female employees of the company and the area of employment.

Active Plan Members on Payroll, Male (4) and Female (5): The number of male and female plan members on payroll who are active employees accruing benefits, and their area of employment. *****Indicate the totals at the bottom of each section.*****

How to Complete the Canada Revenue Agency Schedule

- 1. Enter the seven digit Canada 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, (for public sector plans only, provide the book value when the market value is unavailable).

Line 6 - market value of assets at the end of the plan year, (for public sector plans only, provide the book value when the market value is unavailable).

Line 7 - total actuarial liability based on a funding method that matches contributions with accrued benefits on a reasonable basis.

Line 8 - date of the last calculation of actuarial liability from plan obligations.

- 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 Revenue Agency General Enquiries service at (613)954-0419.