Information

Régie des rentes Québec

Declaration of Termination of a Pension Plan

(following a decision of the Régie des rentes du Québec)

Name of the plan _____

_____

_____

Number _____ (number assigned by the Régie des rentes du Québec)

I, _____ , being duly authorized to act as administrator or as the mandatary of the administrator of the plan mentioned above, declare that I was notified of the decision of the Régie des rentes du Québec (the Régie) to terminate the plan at _____ .
year month day

I certify that:

1. the pension committee that administers the plan received a copy of the Régie's decision on _____ ;
year month day

2. the pension committee transmitted a copy of the decision of the Régie to all the members and beneficiaries affected by the decision, the accredited association representing the members, the employer and the insurer, if any.

Signature _____ Date _____

Print Click on this button to print the form.

Erase Click on this button to erase all the information that you have given.