

Please print.

1 Name and number of the simplified pension plan (SIPP)

| | |
|------|---|
| Name | Plan number <small>(number assigned by the Régie des rentes du Québec)</small> |
|------|---|

2 Object of the amendment and effective date

Indicate the object of the amendment and its effective date.

Amendment to general rules applying to all employers and members. year month day
|_|_| |_|_| |_|_|

Amendment to the standard provisions or the variations to such provisions that an employer may stipulate. year month day
|_|_| |_|_| |_|_|

Total merger of the plan with another SIPP.

Amendment to the provisions specific to a particular employer. **Complete section 2.1.**

2.1 Amendment to the provisions specific to a particular employer

Name of the employer

Complete either section A or section B, and if appropriate section C.

A) Participation of a new employer

a) Effective date of the employer's participation. year month day
|_|_| |_|_| |_|_|

b) Is the employer contribution based on the number of years of employment or recognized service?
 No Yes (requires the Régie's approval) (*Act*, s.57)

c) Is the employer's participation the result of the division of another SIPP? No Yes
 If so, have the provisions specific to the employer been modified compared with those that applied in the other SIPP
 No Yes (complete sections **B** and **C**)

B) Amendment to the provisions specific to a particular employer

Name of the employer year month day
|_|_| |_|_| |_|_|
 Give the employer's former name: _____

Substitution of an employer that is party to the plan (requires the Régie's authorization) (*Act*, s. 22) |_|_| |_|_| |_|_|
 Give the name of the former employer: _____

Eligibility requirements for plan membership |_|_| |_|_| |_|_|

Member contributions |_|_| |_|_| |_|_|

Employer contributions |_|_| |_|_| |_|_|
 Is the employer contribution based on the number of years of employment or recognized service?
 No Yes (requires the Régie's approval) (*Act*, s.57)

Plan division (transfer of the benefits of all members attached to a particular employer to another plan) year month day
|_|_| |_|_| |_|_|

Other (specify) _____ |_|_| |_|_| |_|_|

2.1 Amendment to the provisions specific to a particular employer (continuation)

C) Amendment reducing member benefits (Reg. R2 s. 10, subpar. 29, 29.1, 29.2)

Does the amendment reduce member benefits? No Yes

If so, the amendment requires the Régie's authorization.

a) Indicate:

the effective date of the ancillary deed (collective agreement, arbitration award, order or decree) that establishes the amendment

| year | month | day |
|------|-------|-----|
| | | |

otherwise, the date on which the written notice was sent to the affected members (Act, s. 26)

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|--|--|--|--|--|--|--|--|--|--|

b) Indicate the applicable situation:

the effective date of the amendment is later than the 30th day following the date given in (a);

the effective date of the amendment is not later than the 30th day following the date given in (a) but all the affected members have consented to it in writing (enclose a copy of one of the consents obtained);

the reducing amendment is being made so that the plan can remain a registered pension plan within the meaning of section one of the *Income Tax Act*.

3 Information to the members (Act, s. 26)

A) Notice not required for the following reason:

Amendment to the standard provisions or the variations to such provisions that an employer may stipulate.

The amendment concerns the participation of a new employer

The amendment is made pursuant to an ancillary deed, such as a collective agreement, an arbitration award, an order or decree.

However, a written notice is required for the members affected by the amendment who are not covered by the ancillary deed. Check one of the following boxes:

All the members affected by the amendment are covered by the ancillary deed;

The members not covered by the ancillary deed have been notified. (Complete section **B** or **C**, as appropriate.)

B) Notice given to each of the affected members

The plan administrator informed each of the members affected of the object of the amendment by means of a written notice.

C) Notice posted or published

The plan administrator informed the affected members by having a notice published in a daily newspaper circulated in the areas where at least half of those members live.

The plan administrator informed the affected members by posting a notice on the premises of the employer's

Note : Posting or publishing a notice is not permitted where an amendment concerns:

- the cancellation of refunds or pension benefits, new conditions restricting membership eligibility or any reduction in the amount or value of the benefits of members and beneficiaries;
- merger of the assets and liabilities of two or more plans;
- division of a plan (transfer of the benefits of all the members attached to an employer to another plan).

4 Enclosed documents

- Indicate the documents that are enclosed with this application.

- A certified true copy of the amendment, bearing the original signature of a representative authorized by the administrator of the plan.
- A copy of the notice posted, published or delivered to the affected members.
- A copy of the ancillary deed or part thereof that concerns the amendment (collective agreement, arbitration award, order or decree).
- Other documents (specify) _____

5 Certificate of the signatory

I, _____, in my capacity of authorized representative of the plan administrator,
(printed name)
hereby certify that:

- the financial institution that administers the plan obtained the written consent of the employer to the obligations incumbent on the employer pursuant to the amendment;
- if the employer has delegated to a workers' association powers under an agreement referred to in paragraph 27 of section 10 of the *Regulation respecting the exemption of certain categories of pension plans from the application of the Supplemental Pension Plans Act*, the financial institution obtained the written consent of the employer and the workers' association acknowledging that the provisions to which this application for registration applies correspond to those agreed to by them;
- I am authorized to make and sign this application on behalf of the financial institution;
- the person who certified as a true copy the amendment enclosed with the application is authorized to do so;
- to the best of my knowledge and understanding, all the information contained in this application is true and correct.

Signature _____ Date

| | | |
|------|-------|-----|
| year | month | day |
| _ | _ | _ |

Name of the signatory's employer _____

Signatory's address _____

| | | |
|------------|----------------|-------------------|
| City _____ | Province _____ | Postal code _____ |
|------------|----------------|-------------------|

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