

**Application for exemption from certain provisions of the
Supplemental Pension Plans Act
for a plan comprised exclusively of persons connected with the employer**

Identification of the plan

Name of the plan: _____

File number at the Régie des rentes du Québec: _____

File number at the Canada Customs and Revenue Agency: _____

Certificate of the plan administrator

I the undersigned _____, a duly authorized representative of the administrator of the plan identified above (the Plan), do hereby certify to the best of my knowledge that:

- (1) all the members of the Plan are, on the date of this application, persons connected with the employer within the meaning of subsection 3 of section 8500 of the *Income Tax Regulations (Consolidated Regulations of Canada [1978], chapter 945)*;
- (2) membership in the Plan is optional and is exclusively for persons connected with the employer;
- (3) only workers referred to in section 1 of the *Supplemental Pension Plans Act* are members of the Plan and membership eligibility is limited to such persons;
- (4) the Plan meets the conditions referred to in the first paragraph of section 2.1 of the *Act*;
- (5) every member and beneficiary of the Plan, on the date of this application, has affixed his or her signature in the space provided immediately following the declaration appearing below;
- (6) all fees owing to the Régie des rentes du Québec up to the date of this application have been paid in full.

I understand that no sum may be transferred to the Plan from any pension plan fully subject to the *Act* and that if the Plan is amended to grant membership to persons other than those referred to in the preceding subparagraphs 1, 2 and 3, the Plan will again be fully subject to the *Act* and will have to be registered with the Régie des rentes du Québec.

Date Signature

Declaration members and beneficiaries

I understand that if every member and beneficiary of the plan identified above signs this application, the Plan, as soon as its registration has been revoked by the Régie des rentes du Québec, will no longer be subject to the *Supplemental Pension Plans Act* and that, consequently, my rights and benefits under the Plan will thereafter be governed primarily by the provisions of the Plan and by the *Income Tax Act*. I also understand that my rights and benefits, as well as the administration of the Plan and its funding, will no longer be governed by the *Supplemental Pension Plans Act* and that the Régie des rentes du Québec will no longer be able to act with respect to the Plan. I hereby consent to the effects of the foregoing acknowledgments.

