



1 Plan number

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2 Fiscal year

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3 Name of the plan

4 Administrator of the plan

Name and address of the financial institution that administers the plan:

Name			
Number	Street	Municipality	
Province or territory	Country	Postal code	

5 Identification of the person to contact for any information concerning the plan

Mr. <input type="checkbox"/>	Family name	Given name	Telephone Area code
Ms. <input type="checkbox"/>			
Name of the contact's employer, if applicable.			Fax Area code

Plan correspondence should be sent to: - the administrator's address indicated in section 4: - the following address

Number	Street	Municipality
Province or territory	Country	Postal code

6 Number and names of employers that are parties to the plan

Number of participating employers at the end of the preceding fiscal year
 Number of employers that joined the plan during the fiscal year
 Number of employers whose participation ceased during the fiscal year
 Number of participating employers at the end of the fiscal year
 Also complete **Appendix 1**.

	1
	2
Total of lines 1 and 2	3
	4
Balance (line 3 less line 4)	5

7 Statement of financial position and report on investments

Complete **Appendix 2**.

8 Changes in the plan's active membership

Number of active members at the end of the preceding fiscal year
 Number of members who joined the plan during the fiscal year
 Number of cessations of active membership during the fiscal year:
 Cessations with locking-in of member benefits
 Cessations without locking-in of member benefits
 Number of active members at the end of the fiscal year

	6
	7
Total of lines 6 and 7	8
	9
	10
Total of lines 9 and 10	11
Balance (line 8 less line 11)	12

9 Calculation of fees

Basic fee: _____
 Total number of active members (line 12): X 4,50 \$: _____
 Required fees: _____

1 000,00	\$	13
	\$	14
	\$	15

(Enclose a cheque made out to the Régie des rentes du Québec for the amount entered on line 15.)

10 Certificate of the financial institution

(This return must be signed by a person authorized by the financial institution which administers the plan.)

I certify that:
 the information given in this return, **Appendix 1** and sections 1 to 3 of **Appendix 2** are true, exact and complete and faithfully represent the plan's financial position.
 the plan was administered in accordance with the *Supplemental Pension Plans Act* and the *Regulation respecting plans exempted from the application of certain provisions of the Supplemental Pension Plans Act*, except for any irregularities mentioned in this return.

Authorized person's full name (please print)	Authorized person's capacity (please print)
<input type="text"/>	<input type="text"/>
Signature	Date
	Year Month Day

Appendix 1

Names of the employers that are parties to the plan

Provide the names of all employers that are parties to the plan. If more space is needed, use additional sheets and attach them to this form.

1 Employer's name

2 Employer's name

3 Employer's name

4 Employer's name

5 Employer's name

6 Employer's name

7 Employer's name

8 Employer's name

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10 Employer's name

11 Employer's name

12 Employer's name

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14 Employer's name

15 Employer's name

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22 Employer's name

23 Employer's name

24 Employer's name

Appendix 2 Statement of financial position and report on plan investments

The information required in this appendix for the fiscal year must be determined according to generally accepted accounting principles.

Sections 1 to 3 of this appendix must be completed by the financial institution that administers the plan.

Section 4 of this appendix must be completed and signed by an accountant.

1 Statement of changes in the plan's net assets

1.1 Increase in assets

Income and net gains (or losses) on investments			\$ 201
Contributions:			
Locked-in member contributions		\$ 202	
Not locked-in member contributions		\$ 202.1	
Employer contributions		\$ 203	
	Total of lines 202, 202.1 and 203		\$ 204
Transfers to the pension fund			\$ 205
Other sources of increase (specify)		\$ 206	
		\$ 207	
	Total of lines 206 and 207		\$ 208
TOTAL INCREASE IN ASSETS	Total of lines 201, 204, 205 and 208		\$ 209

1.2 Decrease in assets

Expenses related to the investments		\$ 210	
Costs of plan administration		\$ 211	
	Total of lines 210 and 211		\$ 212
Payments to members and assigns			\$ 213
Transfers from the pension fund			\$ 214
Other sources of decrease (specify)		\$ 215	
		\$ 216	
	Total of lines 215 and 216		\$ 217
TOTAL DECREASE IN ASSETS	Total of lines 212 to 214 and 217		\$ 218
CHANGE IN NET ASSETS	Balance (line 209 less line 218)		\$ 219
NET ASSETS AT BEGINNING OF FISCAL YEAR	(Indicate net assets at end of preceding fiscal year.)		\$ 220
NET ASSETS AT END OF FISCAL YEAR	Total of lines 219 and 220		\$ 221

2 Net assets

2.1 Assets

2.1.1 Cash

Cash on hand:

\$ 222

2.1.2 Investments

Debt securities:

Money market mutual funds

\$ 223

Bonds and other debt securities issued or guaranteed by Québec, Canada or a Canadian province

\$ 224

Fixed-income mutual funds:

- Bond mutual funds

\$ 225

- Hypothecary (mortgage) mutual funds

\$ 226

Amounts deposited in the general fund of an insurer

\$ 227

Term deposits guaranteed in whole or in part by the Régie de l'assurance-dépôts du Québec or a similar body

\$ 228

Total of lines 223 to 228 \$ 229

Equity securities:

Stock mutual funds

\$ 230

Immovables (real estate) mutual funds

\$ 231

Total of lines 230 and 231 \$ 232

Balanced mutual funds

\$ 233

Other investments (specify)

\$ 234

\$ 235

\$ 236

\$ 237

Total of lines 229 and 232 to 237 \$ 238

2.1.3 Accounts receivable

Contributions receivable:

Member contributions

\$ 239

Employer contributions

\$ 240

Total of lines 239 and 240 \$ 241

\$ 242

Investment income receivable

Other amounts receivable (specify)

\$ 243

\$ 244

Total of lines 243 and 244 \$ 245

2.1.4 Other assets

Other (specify)

\$ 246

\$ 247

Total of lines 246 and 247 \$ 248

TOTAL ASSETS

Total of lines 222, 238, 241, 242, 245 and 248 \$ 249

2.2 Liabilities

2.2.1 Accounts payable

Payments and transfers payable

\$ 250

Other amounts payable (specify)

\$ 251

\$ 252

TOTAL LIABILITIES

Total of lines 250 to 252 \$ 253

NET ASSETS

Balance (line 249 less line 253) \$ 254

