



APPLICATION FOR REGISTRATION

1. PLAN IDENTIFICATION

a. Plan Legal Name: _____

Canada Customs and Revenue Agency Registration Number: _____ Date of Application with
Canada Customs and Revenue Agency _____

b. Official Plan Administrator is:

Employer Board of Trustees (attach a list of names, addresses and telephone numbers)

Employer's Name: _____

Mailing Address: _____

Courier Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

c. Contact Person (person responsible for day to day management of the plan):

Person's Name: _____

Mailing Address: _____

Courier Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

d. Location of Books and Records: Is it the same location as the administrator's address? Yes No

Address: _____

e. Other Contacts: please attach a list of names, addresses, telephone numbers, fax numbers and contact persons of the following:
(i) Fund Holder
(ii) Actuary, and/or Pension Plan Consultant (if applicable)

2. PLAN DETAILS

a. Effective Date of Plan: _____ Plan Fiscal Year End: _____

b. Nature (main activity) of Business: _____

c. Plan is (**more than one may be selected**):

Single Employer Multi-Employer Contributory Non-Contributory
 Defined Benefit Defined Contribution Insured Trusteed
 Single Industry Multi-Industry Negotiated Cost Negotiated Benefits

d. Number of Employers:

One More than one, Multi-Employer Plan More than one, not a Multi-Employer Plan

PLAN DETAILS (continued)

e. Eligibility - classes of employees entitled to join plan (**more than one may be selected**):

- All Employees Salaried Hourly Union Members
- Non-Union Members Officers of Employer Management Supervisory
- Employees who are shareholders or otherwise connected to employer
- Other (describe): _____

f. Type of Organization of Principal Employer(s)

Public Sector

- Municipal Government Municipal Enterprise Provincial Government
- Provincial Enterprise Federal Government Federal Enterprise

Private Sector

- Incorporated Company Unincorporated business (sole proprietor or partnership)
- Co-operative Trade or Employee Association
- Religious, Charitable or Non-Profit Organization Other (describe) _____

g. Federal Employment - Are any members employed in an activity that is under the jurisdiction of the federal *Pension Benefits Standards Act, 1985*. Examples are aviation and airlines, banks, broadcasting and telecommunications, interprovincial transportation, marine navigation and shipping, railways, and employees who work and reside in the Yukon, Northwest Territories or Nunavut. Yes No

3. MEMBERSHIP

a. Number of Members at Date of Application: _____

b. Location of Members	Male	Female		Male	Female
British Columbia	_____	_____	Alberta	_____	_____
Saskatchewan	_____	_____	Manitoba	_____	_____
Ontario	_____	_____	Quebec	_____	_____
New Brunswick	_____	_____	Nova Scotia	_____	_____
Prince Edward Island	_____	_____	Newfoundland and Labrador	_____	_____
Yukon Territory	_____	_____	Northwest Territories	_____	_____
Nunavut	_____	_____	Outside Canada	_____	_____

Total number of active members: (the grand total should equal the total on line 3 (a)) _____

4. FEES

Fees are \$7 for each person who is a member of the plan at the date of application for registration, subject to a minimum fee of \$200 and a maximum fee of \$20 000.

Number of Members (same as 3(a)): _____ Total Fees Submitted with this Application: \$ _____

5. OTHER INFORMATION

Is this plan a result of a split? Yes No If yes, what province was the plan registered in? _____

Canada Customs and Revenue Agency registration number of the original plan: _____

CERTIFICATION

(Schedule 2, Form 1, B.C. Reg. 433/93)

Administrators are required to certify that applications for registration of pension plans, restated plan texts or plan amendments comply with the provisions of the Pension Benefits Standards Act, R.S.B.C. 1996, c. 352 (the "Act") and the regulations under the Act. Where a pension plan covers members in jurisdictions within Canada other than British Columbia, the administrator is also required to certify that the applications comply with the provisions of the pension legislation of those other jurisdictions. The issuance by the Superintendent of Pensions (the "superintendent") of a Certificate of Registration for a pension plan registered under the Act or Notice of Registration for a restated plan text or an amendment to a pension plan registered under the Act will be made based upon this certification. Administrators are reminded that the superintendent has the power to refuse to register or to revoke any registration that does not comply with the Act and the regulations.

I, the administrator (or in the case of a corporate administrator, the authorized officer of the administrator) of, attach an application for registration of a pension plan or an application for registration of a restated plan text or an application for registration of other amendments, dated the day of, 20....., for the pension plan bearing the British Columbia registration number, and

CERTIFY AS FOLLOWS:

1. I am satisfied that the pension plan or amendment filed herewith for registration complies with the provisions of the Act, the regulations, and the terms of any existing pension plan and trust.
2. I acknowledge that the obligation to determine compliance of the documents filed herewith is the responsibility of the administrator and I declare that I have fulfilled that responsibility and have complied with the provisions of the Act and the regulations in making this application for registration.
3. I acknowledge that this certification extends to compliance with the pension legislation of designated jurisdictions within Canada, other than British Columbia, where the legislation of the designated jurisdiction applies to members and former members of the pension plan.

I declare the above statements to be true to the best of my knowledge and belief and I am making this certification conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DATED at the City of, thisday of, 20

.....
Signature of administrator or authorized officer

.....
Name of administrator or authorized officer (printed)

NOTE: It is an offence to administer a pension plan or pension fund in a manner that does not comply with the provisions of the Act and the regulations. In addition, an administrator may be subject to an order under the Act issued by the superintendent relating to, amongst other matters, the manner of administration of the pension plan or pension fund.

ATTACHMENTS

Please include copies of the following plan documents as applicable, with the application for registration.

- plan text
- any document that creates the plan or under which the plan is constituted
- any trust agreements related to the plan
- any policies or contracts with insurance companies
- any by-laws or resolutions relating to the plan
- any agreement relating to the investment of the pension fund of the plan
- the explanation or plan summary provided to members (sections 9 and 10 of the Regulations)
- sample of the Annual Members Statement provided to plan members (section 11 of the Regulations)
- if a defined benefit plan, a copy of the actuarial valuation report
- a cheque payable to the Minister of Finance to cover the registration fee