

**Form 1**

(section 19 (2) )

**CERTIFICATION**

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, an authorized officer of the administrator) of  
....., attach an application for  
registration of a pension plan a restated plan text or other amendments, dated  
.....[date], for the pension plan bearing British  
Columbia registration number ....., and

**CERTIFY AS FOLLOWS:**

- 1 I am satisfied that the pension plan or amendment filed herewith 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.
- 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 jurisdictions applies to members and former members of the pension plan.

I declare that the above statements are 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 ....., .....[date].

.....  
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 a direction under the Act issued by the superintendent relating to, amongst other matters, the manner of administration of the pension plan or pension fund.