



**Saskatchewan Financial
Services Commission**
Pensions Division
Suite 601, 1919 Saskatchewan Drive
REGINA SK S4P 4H2

Application for Registration of a Pension Plan

1 - Employer Name and Mailing Address

| | | |
|--------------|----------|-------------|
| Company Name | | |
| Address | | |
| City/Town | Province | Postal Code |
| Telephone | Fax | E-mail |

2 - Plan Administrator Name and Mailing Address

| | | |
|--------------|----------|-------------|
| Company Name | | |
| Contact Name | | |
| Title | | |
| Address | | |
| City/Town | Province | Postal Code |
| Telephone | Fax | E-mail |

3 - Names and addresses of other employers of employees covered by this plan

(a) List of employers associated through ownership is attached.
 (b) List of employers associated through nature of business is attached.

4 - Nature of business (Please refer to Instruction Guide for definition of "Included Employment")

State the main activity or activities of your business: _____

Are any plan members employed in an activity that is within the authority of the federal pension standards legislation? Yes No

5 - Type of organization

| | |
|--|---|
| <input type="checkbox"/> Municipal enterprise | <input type="checkbox"/> Unincorporated business (sole proprietor or partnership) |
| <input type="checkbox"/> Municipal government | <input type="checkbox"/> Co-operative |
| <input type="checkbox"/> Provincial enterprise | <input type="checkbox"/> Trade or employee association |
| <input type="checkbox"/> Federal enterprise | <input type="checkbox"/> Religious, charitable or other non-profit organization |
| <input type="checkbox"/> Incorporated company | <input type="checkbox"/> Other (describe) _____ |

| | |
|---------------------|-------|
| For Office Use Only | |
| Fee Paid: | _____ |
| CMR#: | _____ |

6 - Plan Details

| | | |
|----------------|----------------|---------------|
| Plan Name | | |
| Policy/Trust # | Effective Date | Plan Year End |

7 - Fundholder/Trustee Name(s) and Mailing Address

| | | |
|----------------------------|----------|-------------|
| Company/Individual Name(s) | | |
| Address | | |
| City/Town | Province | Postal Code |
| Telephone | Fax | E-mail |

8 - Consultant Name and Mailing Address (if applicable)

| | | |
|--------------|----------|-------------|
| Company Name | | |
| Address | | |
| City/Town | Province | Postal Code |
| Telephone | Fax | E-mail |

9 - Number of employees and number of plan members as of the effective date of this plan

| Area of Employment | Employees | Plan Members | |
|-----------------------|-----------|--------------|--------|
| | | Male | Female |
| Newfoundland | | | |
| Prince Edward Island | | | |
| Nova Scotia | | | |
| New Brunswick | | | |
| Quebec | | | |
| Ontario | | | |
| Manitoba | | | |
| Saskatchewan | | | |
| Alberta | | | |
| British Columbia | | | |
| Yukon Territory | | | |
| Northwest Territories | | | |
| Outside Canada | | | |
| Total | | | |

10 - Certification

I hereby make application for registration of the pension plan identified in this form under *The Pension Benefits Act, 1992* and any other similar pension legislation of another jurisdiction to which this pension plan is subject.

I certify that the information given in all forms and documents relating to this Application, is true and correct to the best of my knowledge.

Signature

Title or Position

Name (please print)

Company, Association or Board of Trustees

Date