



Application for Registration of a Pension Plan

(Please refer to the *Instruction Guide for the Application for Registration of a Pension Plan* while completing this form.)

Line

001 Name of Pension Plan _____

002 Type of Pension Plan

- Defined Benefit (DB)
- Defined Contribution / Money Purchase (DC)
- Combination

003 Effective Date of Pension Plan Day ____ Month ____ Year ____

004 Pension Plan Year End Day ____ Month ____

005 Number of Employers

- a) Single Employer pension plan
- b) Multi-employer pension plan
- c) More than one participating employer but not a multi-employer pension plan

If b) or c), please list or attach a list of all participating employers. If (c) please indicate the principal employer.

006 Plan Administrator

Indicate whether the plan administrator is:

- Employer(s)
- Board of Trustees
- Pension Committee or similar body

Plan administrator _____

Name of contact _____

Address _____

City _____

Province/State/Country _____

Postal Code _____

Telephone _____ Fax _____

E-mail _____

007 If administered by a Board of Trustees/Pension Committee please list or attach a list of names and contact numbers.

Name: _____ Phone: _____
e-mail _____



Name: _____ Phone: _____
 e-mail _____

Name: _____ Phone: _____
 e-mail _____

Name: _____ Phone: _____
 e-mail _____

Name: _____ Phone: _____
 e-mail _____

Name: _____ Phone: _____
 e-mail _____

008 Third Party Administrator (if applicable)

Name of contact _____

Name of company _____

Address _____

City _____

Province/State/Country _____

Postal Code _____

Telephone _____ Fax _____

E-mail _____

009 How is the Pension Fund Deposited?

Single Insurance Company - any type of account Other – please describe _____

Single Trust Company - pooled funds _____

Single Trust Company - outside pooled funds _____

Pension Fund Society _____

010 Pension Fund Custodian(s)

Company _____

Policy/Account # _____

Contact _____

Telephone _____ **E-mail** _____

011 Does this pension plan result from a division/spin-off of an existing pension plan?

Yes No

If yes, please provide the name and registration number of the existing pension plan.

Pension Plan Name _____

OSFI Registration Number: _____

012 Was this pension plan previously registered with a province? Yes No

If yes,
 Province _____

Provincial Registration Number _____



013 Is this pension plan registered with the Canada Revenue Agency? Yes No

If yes, CRA Registration Number: _____

014 DB pension plans only

Is the plan a designated plan under the Income Tax Act? Yes No

015 DB pension plans only

Does the plan text provide for the use of surplus during the continuation of the plan and on its termination? Yes No

016 Was the pension plan established pursuant to a collective agreement?

Yes No

If yes,
Is the pension plan contribution level set by the collective agreement? Yes No

Expiration Date of current Collective Agreement _____

Collective Bargaining Agent/Union(s) representing the pension plan members

017 Information to Members

Have all members and their spouses received a copy of the written explanation of the terms and conditions of the pension plan and of their rights and duties thereunder?

Yes No

018 Nature of Business - Included Employment

Describe the main activity or activities of the pension plan sponsor and indicate the appropriate category on the chart below:

- | | |
|---|---|
| <input type="checkbox"/> Navigation and Shipping | <input type="checkbox"/> Chartered Bank |
| <input type="checkbox"/> Harbour Operations | <input type="checkbox"/> Flour, Feed or Seed Mill |
| <input type="checkbox"/> Rail Transportation | <input type="checkbox"/> Atomic Energy |
| <input type="checkbox"/> Air Transportation | <input type="checkbox"/> Uranium Mining |
| <input type="checkbox"/> Road Transportation | <input type="checkbox"/> N.W.T., Nunavut and/or Yukon |
| <input type="checkbox"/> Radio and/or Television | <input type="checkbox"/> Interprovincial Pipelines |
| <input type="checkbox"/> Telephone and Other Communication | <input type="checkbox"/> International Bridge |
| <input type="checkbox"/> First Nations
Funding Agency if any
(name) _____ | <input type="checkbox"/> Other |

019 Type of Organization

- | | |
|---|---|
| <input type="checkbox"/> Trade or Employee Association | <input type="checkbox"/> Sole Proprietorship or Partnership |
| <input type="checkbox"/> Crown Corporation | <input type="checkbox"/> Co-operative or Non-Profit |
| <input type="checkbox"/> Incorporated Company
<input type="checkbox"/> privately held <input type="checkbox"/> publicly traded | <input type="checkbox"/> Other – please describe |



020 Are all members of the pension plan in included employment? Yes No

021 Pension Plan Membership - as of the effective date of the pension plan.

Area of Employment	(1) Male	(2) Female	(3) Included Employment	(4) Provincial Jurisdiction	(5) Total (3)+(4)
Newfoundland				*	
Prince Edward Island					
Nova Scotia					
New Brunswick					
Quebec				*	
Ontario					
Manitoba					
Saskatchewan					
Alberta					
British Columbia					
Northwest Territories				N/A**	
Nunavut Territory				N/A**	
Yukon				N/A**	
Outside Canada					
Total					

* If the plan includes members under the jurisdiction of these provinces, the plan must also be registered in these provinces. See Instruction Guide – Jurisdiction of Registration

** All employment in the Northwest Territories, the Yukon Territory or Nunavut is in included employment. See Instruction Guide – Line 012

022 Documents Attached

All Plans

- Pension Plan Text or By-laws
- Employee Booklet
- Insurance Contract / Trust Agreement (Individual Trustees or Corporate Trustee) or other custodial instrument
- Amendments, if any, to any of the accompanying documents

DB or Combination Plans only

- Initial Valuation Report and Actuarial Information Summary (OSFI form T1200)
- Reciprocal Transfer Agreement (if applicable)
- Relevant Sections of Collective Agreement (if pension plan established pursuant to a collective agreement)

DC Plans only

- Cost Certificate



DECLARATION OF COMPLIANCE

I, _____, DECLARE THAT, to the best of my knowledge, the information given herein and in all forms and documents relating to this application is true and correct:

1. I am a duly authorized signing officer of the employer or a member of a board of trustees or similar body or pension committee that is the administrator of the (name of pension plan) _____

hereinafter referred to as “the Plan”; and I hereby apply for registration for the Plan under the *Pension Benefits Standards Act, 1985*

2. the Plan, including all documents that create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto. If the Plan includes members who are not employed in included employment and their benefits are subject to provincial pension legislation, the benefits of those members under the terms of the Plan, including all documents that create or support the Plan or the pension fund, complies with the provisions of the pension legislation of those other jurisdictions; and

3. a Statement of Investment Policies and Procedures was established for the Plan and adopted on (date) _____ and this Statement of Investment Policies and Procedures complies with the requirements of the *Pension Benefits Standards Act, 1985*, and the Regulations thereto.

Signed this _____ day of _____, 20____, in the City of _____ in the Province/State of _____

Authorized officer of Plan Administrator
(USE BLOCK LETTERS)

Signature

Title or Position

Would you prefer future correspondence in: English French



OSFI Periodic Filing Requirements

DB/Combination plans

Form/Document Required	Filing Date
Annual Information Return (OSFI 49) *	Within 6 months of the pension plan year end. Filing fee will be invoiced upon receipt of the Return.
Certified Financial Statements(OSFI 60)* and Audit Report (if required)	Annually within 6 months of the pension plan year end.
Annual Solvency Information Return (OSFI 575) **	Generally 45 days after the pension plan year end.
Valuation Reports and/or cost certificates and Actuarial Information Summary (OSFI T1200)**	Triennially if SR is above 1. Annually if SR of the pension plan is below 1. Must be filed within 6 months of the pension plan year end.
Amendments to documents that create or support the pension plan or pension fund including the Declaration of Compliance (OSFI 522)** and the Addendum to the Declaration of Compliance(OSFI 521)**	Within 60 days after making such an amendment

DC plans

Form/Document Required	Filing Date
Annual Information Return (OSFI 49)*	Within 6 months of the pension plan year end. Filing fee will be invoiced upon receipt of the Return.
Certified Financial Statements(OSFI 60)* and Audit Report (if required)	Annually within 6 months of the pension plan year end
Amendments to documents that create or support the pension plan or fund including the Declaration of Compliance (OSFI 522)** and the Addendum to the Declaration of Compliance (OSFI 521)**	Within 60 days after making an amendment

* These OSFI forms are available electronically through our accepted software vendors. See list of these on the OSFI Web site http://www.osfi-bsif.gc.ca/osfi/index_e.aspx?ArticleID=216.

** These OSFI forms are available on the OSFI Website above.

