



Census of Trusteed Pension Funds 2000

Confidential when completed; The data reported on this questionnaire are protected under the Statistics Act and will be treated in strict confidence, used for statistical purposes and published in aggregate form only.

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

To return completed questionnaire either:
→ Use enclosed postage paid envelope;
→ Address your own envelope to:

Pensions and Wealth Surveys, Income Statistics Division
Statistics Canada
120 Parkdale Ave.
Ottawa, Ontario
K1A 0T6

→ Fax to 613-951-4296 (Note: Data sent by facsimile may be at risk of disclosure during the transmission process.)

If you have questions, call 613-951-4092

Si vous préférez ce questionnaire en français, veuillez cocher

(Please make any necessary changes in above name or mailing address; add the name of the fund if missing.)



Please return by May 1, 2001.

1. Does this organization operate, either by sponsoring or managing, the trusteed pension fund named at the top of this page?

Yes – Please complete the balance of this document and return to Statistics Canada.

No – Please elaborate Fund closed

Month Year

Fund deposited **in total** with insurance company under insurance company contract

Other, please specify _____

Please provide your name (bottom of this page) and return this questionnaire to Statistics Canada.

2. If this pension plan **participates** in a master trust fund, indicate the name of this master trust: _____

Please complete Section A (Administrative Data) and Section B (Receipts and Disbursements) and return this document to Statistics Canada. The information for Section C (Assets) will be provided by the master trust.

3. **If it is necessary to obtain the financial data on this pension fund from a trustee outside your company**, please complete the following authorization notice, as well as Section A (Administrative Data) and the employee and employer contribution information requested in Section B, and forward this document to the trustee or return it to Statistics Canada for forwarding.

Authorization Notice (to be completed only if item 3 above applies)

This is to authorize

Name of Trustee of the Pension Fund _____

Address _____

to supply Statistics Canada with the information requested in Sections B and C of the schedule "Census of Trusteed Pension Funds 2000". We understand that the information will be treated as strictly confidential and used only in compiling aggregates.

Name of company _____

Signature _____

Date _____

Title _____

Name of person completing questionnaire (please print)

Telephone

Fax

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SECTION A: ADMINISTRATIVE DATA

1. YEAR OF INAUGURATION OF THIS FUND

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2. FUND FISCAL YEAR END

Month	Day	

3. INVESTMENT DECISION made by (check one or more)

Note: If a committee is actively involved in directing investment, indicate which of the following are represented on the committee.

- (a) Trustee(s) 1
- (b) Employer (includes investment staff of the employer and public sector funds whose investment is governed by legislation) 2
- (c) Outside investment counsel 3
- (d) Employee (plan members) 4
- (e) Other (describe) _____ 5

4. INSURANCE COMPANY HOLDINGS

Is any of the money in this pension fund invested with or managed by an insurance company? (If part of a master trust, consider only money associated with this participant)

Yes ¹ No ²

If yes, what is the amount involved? \$ _____

5. MEMBERS COVERED

Note: Should be as of same time period as assets, preferably December 31

(a) Number of employed plan members (including employees on temporary lay-off)

Indicate year end used: December 31, 2000 Other year end between April 1, 2000 and March 31, 2001

(b) Number of additional persons having equity in the fund (e.g. retired persons receiving pension, persons who will receive deferred pension, etc.)

Indicate year end used: December 31, 2000 Other year end between April 1, 2000 and March 31, 2001

6. CONTRIBUTORY STATUS (for majority of members)

Are members **required** to contribute to the pension fund? Yes ¹ No ²

7. TYPE OF PLAN (for majority of employed members participating in the fund – check one only)

- (a) Defined benefit / flat benefit 1
- (b) Defined contribution (money purchase/profit sharing) 2
- (c) Combination of above or as selected by employee 3
- (d) Other (describe) _____ 4

8. PLAN REGISTRATION NUMBER(S)* (for all plans included in this fund):

(If space insufficient, attach another page)
 * Number used by Revenue Canada. Also provide the number used by the provincial pension regulatory authority or OSFI (Office of the Superintendent of Financial Institutions), if different from the Plan registration number.

For office use

Sector _____ Type of Org. _____

PREVIOUS YEAR ASSETS

\$(omit cents)

Report the net book value of assets for the year end occurring between April 1, 1999 and March 31, 2000

SECTION B: RECEIPTS AND DISBURSEMENTS

***NOTE:** If total assets at book value are less than \$10,000,000 please see instructions sheet before completing Sections B and C.

Report for one year period ending December 31, 2000 if possible.

Indicate year end used:

- December 31, 2000 Other year end between April 1, 2000 and March 31, 2001

RECEIPTS AND GAINS

\$(omit cents)

Note: Do not include any unrealized gains.

Contributions: employee	100
employer	101
Investment income (interest, dividends, etc.)	102
Net realized profit on sale of securities	103
Transfers from other pension plans (<i>specify</i>)	104
Other receipts and gains (<i>specify</i>)	105
Total receipts and gains (total of lines 100 to 105)	110

DISBURSEMENTS AND LOSSES

\$(omit cents)

Note: Do not include any unrealized losses.

Pension payments out of fund to retirees and beneficiaries	200
Cost of pensions purchased	201
Cash withdrawals (including transfers to other plans)	202
Administration costs (if charged against fund)	203
Net realized loss on sale of securities	204
Refund of surplus in the fund	205
Other disbursements and losses (<i>specify</i>)	206
Total disbursements and losses (total of lines 200 to 206)	210

SECTION C: ASSETS

Note: Detailed asset portfolio is essential for Master Trust Funds (see instructions). Asset detail is not necessary for the participant accounts.

Report as of December 31, 2000 if possible.

Indicate year end used:

- December 31, 2000**

 Other year end between April 1, 2000 and March 31, 2001

		\$(omit cents)	
		Book (cost) value	Market value
Pooled, mutual and investment funds:			
– Canadian equity fund	300		
– Canadian bond fund (fixed income)	301		
– Canadian mortgage fund	302		
– Canadian real estate fund	303		
– Canadian money market fund	304		
– foreign fund	305		
– other Canadian fund (<i>specify</i>)	306		
Equities:			
– Canadian common and preferred stocks	320		
– foreign common and preferred stocks:			
– United States	321		
– other	322		
Bonds/Debentures:			
– federal	330		
– provincial	331		
– municipal	332		
– other Canadian (corporate)	333		
– foreign	334		
Mortgages:			
– residential	340		
– non-residential	341		
	350		
Real estate (including petroleum and natural gas properties)			
Cash, deposits, short-term:			
– cash, deposits, GICs	360		
– Government of Canada t-bills	361		
– foreign short-term investments	362		
– other Canadian short-term paper	363		
Miscellaneous:			
– accrued interest and dividends receivable	370		
– accounts receivable	371		
– other assets (<i>specify</i>)	372		
	380		
Total assets (total of lines 300 to 372)			
	390		
Deduct: Debts and payables			
	400		
Net assets (line 380 less 390)			

Thank you for your cooperation