



Termination/Transfer/ Miscellaneous Return

Uniform Statistical Program

Confidential when completed

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

Français au verso

Name of employer or plan sponsor	Plan registration number	Reference date for termination, transfer, etc.
	<input type="text"/>	Y M D <input type="text"/>

CHECK ONE OF THE FOLLOWING AND PROVIDE REQUESTED INFORMATION

1. **Plan termination** (for total terminations only)

Reason for termination

01 Replaced by new plan no.

02 Merged with plan no.

03 Bankruptcy

04 No members left in plan

05 Non-approval by Canada Customs and Revenue Agency

06 Company dissolved

07 Financial/administrative considerations

08 Replaced by RRSPs

09 Non-compliance

10 Other (specify)

11 No reason given

12 No reason given

Number of members affected

Total net value of plan assets

Value of benefits of members affected

Surplus of assets in the plan

Amount of surplus assets allocated to affected members

Debt of employer, if any

2. **Plan transfer** (to be reported by the "from" jurisdiction)

Transfer from:

10 Newfoundland

11 Prince Edward Island

12 Nova Scotia

13 New Brunswick

24 Quebec

35 Ontario

46 Manitoba

47 Saskatchewan

48 Alberta

59 British Columbia

62 Federal

to:

10 Newfoundland

11 Prince Edward Island

12 Nova Scotia

13 New Brunswick

24 Quebec

35 Ontario

46 Manitoba

47 Saskatchewan

48 Alberta

59 British Columbia

62 Federal

3. **Other - Explain** (Use to report minor amendments in lieu of completing "New plan/Amendment return" (if desired) or to report other miscellaneous events such as plan reactivations.)

Completed by (please print)		Please return completed forms to: Pensions and Wealth Program Income Statistics Division Statistics Canada Ottawa, Ontario K1A 0T6 Telephone: (613) 951-4031 Fax: (613) 951-4296
Telephone no.	Date	

Thank you for your cooperation

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