



### ANNUAL INFORMATION RETURN

(Please refer to the *Guide to the Annual Information Return* for completing this form.)

#### UNCLASSIFIED

20.010

P5100-

-20-7

**Line**  
**001** **PBSA** **Canada Revenue Agency**  
Registration Number 001 \_\_\_\_\_ Registration Number 002 \_\_\_\_\_

**003** **Type of Pension Plan** 001 \_\_\_\_\_  
(Defined Benefit, Money Purchase (Defined Contribution), or Combination)

**004** Indicate if the Company is private or publicly traded? 001 \_\_\_\_\_

**007** **Title of Pension Plan** 001 \_\_\_\_\_

#### Employer/Plan Administrator – Name and Mailing Address

**011** Name of Contact 001 \_\_\_\_\_

**012** Name of Company/Plan Administrator 001 \_\_\_\_\_

**013** Address 001 \_\_\_\_\_

**014** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**015** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**017** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Third Party Administrator – Name and Mailing Address

**021** Name of Contact 001 \_\_\_\_\_

**022** Name of Company 001 \_\_\_\_\_

**023** Address 001 \_\_\_\_\_

**024** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**025** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**027** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Location of Books and Records

**031** Employer/Plan Administrator 001  Third Party Administrator 002  or

**032** Name of Contact 001 \_\_\_\_\_

**033** Address 001 \_\_\_\_\_

**034** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**035** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**037** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Pension Fund Custodian(s)

**038** **001 Company** **002 Policy /Account** **003 Contact** **004 Telephone** **005 Extension**  
(Branch Office City) \_\_\_\_\_

**039** \_\_\_\_\_

#### Period of this report

**045** From 001 \_\_\_\_\_ To 002 \_\_\_\_\_ Number of Months 003 \_\_\_\_\_  
day/month/year day/month/year

20.012

Line	Membership	001
002	Number of members at the plan's previous year end .....	
003	<b>ENTRANTS:</b> (include employees joining the plan and transfers from other plans) .....	
005	Total of lines 002 plus (+) 003 .....	
006	<b>EXITS:</b> Retirement or death .....	
008	Termination of membership (include transfers to another plan) .....	
009	Total of lines 006 plus (+) 008 .....	
011	Number of members at plan year end (line 005 minus (-) 009) .....	
013	<b>Inactive members:</b> (number of members from line 011 for whom no contributions were made) ...	

**Membership by location at the end of the plan year**

Location of Employment	Male 001	Female 002	Included Employment 003
015 Newfoundland.....			
016 Prince Edward Island .....			
017 Nova Scotia .....			
018 New Brunswick .....			
019 Quebec .....			
020 Ontario .....			
021 Manitoba .....			
022 Saskatchewan .....			
023 Alberta .....			
024 British Columbia.....			
025 Yukon Territory .....			
028 Northwest Territories.....			
029 Nunavut .....			
030 Outside Canada .....			
034 Total .....			
035 Grand Total (sum of cols. 001 and 002 on line 034) (Must equal line 11)			

**Current Service Payments made during the plan year**

	\$ Amount 001
040 Member contributions .....	
042 Additional voluntary contributions .....	
044 Total member contributions (line 040 plus (+) line 042).....	
045 Employer current service contributions (determined from plan documents or actuarial valuation report).....	
047 Amount credited from surplus/forfeitures .....	
049 Net employer current service contributions (line 045 minus (-) line 047).....	

**Contribution Base – Complete (a) or (b), and (c)**

050 (a) Total payroll of plan members (by contribution class)	Class 001 _____	Payroll 002 \$ _____
051	Class 001 _____	Payroll 002 \$ _____

054 (b) Describe base if other than payroll 001 \_\_\_\_\_

055 (c) Were employer contributions the result of a collective agreement? 001 Yes/No \_\_\_\_\_

**Collective bargaining agent representing the largest number of pension plan members, if applicable**

056 001 \_\_\_\_\_ Expiry date of collective agreement 002 \_\_\_\_\_  
day/month/year

SAMPLE

**This page is for  
Defined Benefit/Combination plans only**

**Amount of Special Payments paid into the pension fund**

Line	\$ Amount 001
001 Total annual unfunded liability payment(s).....	
002 Total annual solvency deficiency payment(s) .....	
003 Other special payment(s).....	
005 Total of all special payment(s).....	

**If adjustments were made to pensions during the year, please check the appropriate boxes below. If no adjustments were made, proceed to page 20.016.**

006 Deferred pension benefits: 001  Pensions in pay: 002

007 The effective date of the adjustment 001 \_\_\_\_\_  
day/month/year

To which group(s) did the adjustment(s) apply (if based on year of retirement, give year)

008 001  Former members Year 002 \_\_\_\_\_

009 001  Retirees Year 002 \_\_\_\_\_

010 001  Surviving Spouses Year 002 \_\_\_\_\_

Reason for the adjustment(s)

015 001  regular inflation adjustment as requirement by the plan documents

016 001  pursuant to a collective agreement

017 001  voluntarily by the employer

018 001  other (explain below)

019 001 \_\_\_\_\_

The basis for the adjustment(s)

020 001  full Consumer Price Index

022 001  partial Consumer Price Index

027 001  excess interest formula (adjustments based on excess earnings in the pension fund)

028 001  percentage increase (not based on CPI) \_\_\_\_\_%

030 001  flat dollar amount 002 \$\_\_\_\_\_ annually

033 001  other (explain below)

035 001 \_\_\_\_\_

The source of the funds used to make the adjustment(s) (more than one item may be checked)

040 001  actuarial gains or surplus

041 001  corporate sources (from outside the pension fund)

042 001  unfunded liability created to fund the benefit increase

043 001  other (explain below)

044 001 \_\_\_\_\_

Title of Pension Plan \_\_\_\_\_

Plan Year Ending \_\_\_\_\_  
day/month/year

20.016

If applicable, please provide a list of participating employers.

**Line 001** 001 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applicable, please provide a list of trustees of the pension plan.

**002** Name: 001 \_\_\_\_\_ Phone: 101 \_\_\_\_\_  
 Name: 002 \_\_\_\_\_ Phone: 102 \_\_\_\_\_

**Amendments**

Were any amendments made to the plan during the year?

If "Yes", have the amendments been submitted to OSFI?

**003** Yes 001  No 002  Yes 003  No 004

Comments on or explanations of answers given in any of the above sections.

**010** 001 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

As an authorized officer of the administrator of the pension plan, I hereby certify that, to the best of my knowledge and belief:

- (a) the contributions paid to the fund have been at least equal to those required by the terms of the pension plan and, if applicable, the most recent actuarial report filed with OSFI;
- (b) the plan and the fund were administered in accordance with the PBSA, and the Regulations thereto and the terms and conditions of the plan documents;
- (c) the pension plan complies with and is being administered in accordance with sections 147.1, 147.2, 147.3 and 147.4 of the *Income Tax Act* and the Regulations for the reporting period covered by this return; and
- (d) the information entered in this return, including Canada Revenue Agency Schedule A, is true, correct and complete.

**015** 001 \_\_\_\_\_  
 Name (USE BLOCK LETTERS)

002 \_\_\_\_\_  
 Signature of Administrator

**016** 001 \_\_\_\_\_  
 Title or Position

**017** 001 \_\_\_\_\_  
 Date

**IMPORTANT NOTICE:** For information purposes only, the current fee schedule is shown on page 5 of the *Guide to the Annual Information Return*. **PLEASE DO NOT SEND** your fees with your completed AIR. OSFI's Finance and Corporate Planning Division will invoice you with the appropriate fees owing once your AIR is filed with Regulatory Information Division (RID).



SCHEDULE A
CANADA REVENUE AGENCY INFORMATION REQUIREMENTS
PROTECTED B WHEN COMPLETED

20.018

P5000-21-4-

001 Registration Number 001 \_\_\_\_\_

Plan Year 002 \_\_\_\_\_
day/month/year

Financial data for the plan year (report amounts to the nearest dollar)

002 Payments of benefits ..... 001 \_\_\_\_\_

005 Transfers of benefits to other plans ..... 001 \_\_\_\_\_

007 Amounts transferred in from other plans during the year ..... 001 \_\_\_\_\_

010 Did the pension plan terminate or become inactive before or in this plan year? Yes 001 [ ] No 002 [ ]

013 If yes, enter date of termination ..... 001 \_\_\_\_\_
day/month/year

• For inactive or terminated plans, no further questions

020 How many active members were persons connected with the employer? ..... 001 \_\_\_\_\_

025 How many employers participated in the plan at the end of the plan year? .... 001 \_\_\_\_\_

• For specified multi-employer plans, no further questions
• For multi-employer plans, go to line 050
• For all other plan types, continue with line 030

030 Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan provided by this plan sponsor?
Yes 001 [ ] No 002 [ ]

035 Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan of any other sponsor who does not deal at arm's length with this plan sponsor?
Yes 001 [ ] No 002 [ ]

040 Have any connected persons joined or left the plan in this plan year?
Yes 001 [ ] No 002 [ ]

045 During this plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?
Yes 001 [ ] No 002 [ ] N/A 003 [ ]

• For money purchase plans, no further questions
• For all other plan types, continue with line 050

050 Were any plan members provided with post-1989 past service benefits in this plan year?
Yes 001 [ ] No 002 [ ]

055 Have any plan members who are connected persons been provided with pre-1992 past service benefits in this plan year?
Yes 001 [ ] No 002 [ ]