
APPLICATION FOR REGISTRATION

1. PLAN IDENTIFICATION

(a) Plan Legal Name: _____

(b) Division Name: _____

(c) Is this plan a result of a split from another registered pension plan? Yes No

If yes, what province was the original plan registered in? _____

Canada Revenue Agency registration number of the original plan: _____

If no, Canada Revenue Agency Registration Number _____

(d) Is the pension plan administered by the Employer or by a Board of Trustees?

If the plan is administered by the employer, please complete the information below. If the plan is administered by a board of trustees, please attach a list of their names, addresses and telephone numbers. Please identify the chair.

Executive Officer: _____

Title: _____

Employer Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Courier Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

(e) Day-to-Day Administrator (person responsible for day-to-day management of the plan, if other than above):

Company Name: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Courier Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

- (f) Location of Books and Records - If the pension plan books and records are not kept at the same location as the administrator's address, complete the following:

Company Name: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Courier Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email Address: _____

- (g) Fund Holder - If the plan has more than one fund holder, then attach a list with the following information:

Company Name: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Courier Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email Address: _____

- (h) Plan Consultant:

Company Name: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Courier Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email Address: _____

- (i) Actuary (if different from (h) above).

Company Name: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Courier Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email Address: _____

2. PLAN DETAILS

- (a) Effective Date of Plan: _____ Plan Fiscal Year End: _____
- (b) Nature (main activity) of Business: _____
- (c) Number of Employers: One More than one, Multi-Employer Plan More than one, not a Multi-Employer Plan
- (d) Type of Organization of Principal Employer(s)

Public Sector

- Municipal Government Municipal Enterprise Provincial Government Provincial Enterprise
- Federal Government Federal Enterprise Other (describe) _____

Private Sector

- Incorporated Company Unincorporated business (sole proprietor or partnership)
- Co-operative Trade or Employee Association
- Religious, Charitable or Non-Profit Organization Other (describe) _____

3. MEMBERSHIP

Active Members by Province:	Male	Female	Total	Federal*
British Columbia	_____	_____	_____	_____
Alberta	_____	_____	_____	_____
Saskatchewan	_____	_____	_____	_____
Manitoba	_____	_____	_____	_____
Ontario	_____	_____	_____	_____
Quebec	_____	_____	_____	_____
New Brunswick	_____	_____	_____	_____
Prince Edward Island	_____	_____	_____	_____
Nova Scotia	_____	_____	_____	_____
Newfoundland	_____	_____	_____	_____
Yukon	_____	_____	_____	_____
Northwest Territories	_____	_____	_____	_____
Nunavut	_____	_____	_____	_____
Outside Canada	_____	_____	_____	_____
Total:	=====	=====	=====	=====

*Federal Employment - Indicate the number of active members employed in an activity that is under the jurisdiction of the federal *Pension Benefits Standards Act, 1985*. Examples are aviation and airlines, banks, broadcasting and telecommunications, interprovincial transportation, marine navigation and shipping, railways, and employees who work and reside in the territories of Canada.

4. FEES Fees are \$7 for each person who is a member of the plan at the date of application for registration, subject to a minimum fee of \$200 and a maximum fee of \$20 000.

Number of Members (same as 3): _____ Total Fees Submitted with this Application: \$ _____

CERTIFICATION

(Schedule 2, Form 1, B.C. Reg. 433/93)

Administrators are required to certify that applications for registration of pension plans, restated plan texts or plan amendments comply with the provisions of the Pension Benefits Standards Act, R.S.B.C. 1996, c. 352 (the "Act") and the regulations under the Act. Where a pension plan covers members in jurisdictions within Canada other than British Columbia, the administrator is also required to certify that the applications comply with the provisions of the pension legislation of those other jurisdictions. The issuance by the Superintendent of Pensions (the "superintendent") of a Certificate of Registration for a pension plan registered under the Act or Notice of Registration for a restated plan text or an amendment to a pension plan registered under the Act will be made based upon this certification. Administrators are reminded that the superintendent has the power to refuse to register or to revoke any registration that does not comply with the Act and the regulations.

I, the administrator (or in the case of a corporate administrator, the authorized officer of the administrator) of, attach an application for registration of a pension plan or an application for registration of a restated plan text or an application for registration of other amendments, dated the day of, 20....., for the pension plan bearing the British Columbia registration number, and

CERTIFY AS FOLLOWS:

1. I am satisfied that the pension plan or amendment filed herewith for registration complies with the provisions of the Act, the regulations, and the terms of any existing pension plan and trust.
2. I acknowledge that the obligation to determine compliance of the documents filed herewith is the responsibility of the administrator and I declare that I have fulfilled that responsibility and have complied with the provisions of the Act and the regulations in making this application for registration.
3. I acknowledge that this certification extends to compliance with the pension legislation of designated jurisdictions within Canada, other than British Columbia, where the legislation of the designated jurisdiction applies to members and former members of the pension plan.

I declare the above statements to be true to the best of my knowledge and belief and I am making this certification conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DATED at the City of, thisday of, 20

.....
Signature of administrator or authorized officer

.....
Name of administrator or authorized officer (printed)

NOTE: It is an offence to administer a pension plan or pension fund in a manner that does not comply with the provisions of the Act and the regulations. In addition, an administrator may be subject to an order under the Act issued by the superintendent relating to, amongst other matters, the manner of administration of the pension plan or pension fund.

ATTACHMENTS

Please include copies of the following plan documents as applicable, with the application for registration.

- plan text
- any document that creates the plan or under which the plan is constituted
- any trust agreements related to the plan
- any policies or contracts with insurance companies
- any by-laws or resolutions relating to the plan
- any agreement relating to the investment of the pension fund of the plan
- the explanation or plan summary provided to members (sections 9 and 10 of the Regulations)
- sample of the Annual Members Statement provided to plan members (section 11 of the Regulations)
- if a defined benefit plan, a copy of the actuarial valuation report
- a cheque payable to the Minister of Finance to cover the registration fee