



Joint Annual Information Return

1 Registration No. Name of Pension Plan

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2 Plan Year

from	____ / ____ / ____ YYYY/MM/DD	to	____ / ____ / ____ YYYY/MM/DD	Number of Months in Plan Year: _____
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3 Plan Administrator - Name and Mailing Address

Company Name		
Contact		
Title		
Address		
City/Town	Province	Postal Code
Telephone	Fax	E-mail

4 Location of books or records maintained by the plan administrator at above address , or:

Address		
City	Province	Postal Code

5 Indexation - (Defined Benefit Plans Only)

(a) Were adjustments made to pensions in pay during the plan year covered by this return?	
<input type="checkbox"/>	Yes - in accordance with the requirements of the plan for regular adjustment
<input type="checkbox"/>	Yes - pursuant to a collective agreement
<input type="checkbox"/>	Yes - based on the decision of the employer or board of trustees
<input type="checkbox"/>	No
(b) If yes, what was the basis for the adjustment? _____	

For Office Use Only

Fee Paid: \$ _____

CMR#: _____

6 Member Contributions

Member contributions due to the pension plan for **service** during the plan year covered by this return:

Required member contributions	line (a)	\$ _____
Voluntary member contributions	line (b)	\$ _____
Total member contributions (a) + (b)	line (c)	\$ _____

7 Employer Contributions (exclude special payments reported in section 9)

Employer contributions due to the pension plan for **service** during the plan year covered by this return:

Required employer contributions	line (a)	\$ _____
less: Surplus assets used	line (b)	\$ _____
<input type="checkbox"/> Defined benefit plans only		
or: Unvested forfeited contributions used:	line (c)	\$ _____
<input type="checkbox"/> Defined contribution plans only		
Employer contributions paid to the plan (a)-(b) or (a)-(c)	line (d)	\$ _____

8 Surplus Utilization - (Defined Benefit Plans Only)

If surplus assets were used to provide employer contributions to the plan during the plan year covered by this return, was a written notice provided to the members, former members, pension advisory committee, fund holders and trade unions:

Yes, see attached copy of the notice Yes, previously filed No

9 Special Payments - (Defined Benefit Plans Only)

	Unfunded Liability or Solvency Deficiency	Date Established	Total Payments for Plan Year
(a) Unfunded liability	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(b) Solvency deficiency	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(c) Pre-1993 special payments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

10 Plan Membership

Number of active members as at the plan's previous plan year end	line (a)	_____
New entrants (employees who joined the plan during the plan year)	line (b)	_____
Subtotal (a)+(b)	line (c)	_____
Exits , employees who ceased to be active during the plan year for the following reasons:		
Retirement	line (d)	_____
Death	line (e)	_____
Termination of membership in the plan	line (f)	_____
Total Exits (d)+(e)+(f)	line (g)	_____ →
Total number of active members as at the end of the plan year (c)-(g)	line (h)	_____
Pensioners and beneficiaries receiving a benefit from the plan	line (i)	_____
Former members and beneficiaries entitled to, but not yet in receipt of, a benefit	line (j)	_____

11 Jurisdiction of Employment of Active Members

(1) Area of Employment	(2) Male	(3) Female	(4) Any members (from columns 2 and 3) working in "Included Employment"
Newfoundland			
Prince Edward Island			
Nova Scotia			
New Brunswick			
Québec			
Ontario			
Manitoba			
Saskatchewan			
Alberta			
British Columbia			
Northwest Territories			
Yukon Territory			
Outside Canada			
Totals			

12 Plan Expenses

Administrative expenses (not related to investment activity) paid directly from the pension fund during the plan year covered by this return.

\$ _____

13 Investment Information

- (a) Does the plan have a written statement of investment policies and procedures which complies with *The Pension Benefits Regulations, 1993*?
- Yes No
- (b) Has the plan's written statement of investment policies and procedures been established or reviewed in the plan year covered by this return?
- Yes No
- (c) Has there been a change to the plan's fund holder during the plan year under review?
- Yes No If yes, has the new policy or trust agreement been filed with our office: Yes No

14 Certification

I hereby certify that to the best of my knowledge and belief:

- (a) the contributions paid to the pension plan have been at least equal to those required by *The Pension Benefits Act, 1992*, and the current plan document and the last cost certificate or actuarial valuation filed with the Superintendent of Pensions,
- (b) the pension plan complies with *The Pension Benefits Act, 1992* and its regulations, and the pension benefits legislation of designated jurisdictions within Canada, where that legislation applies to members and former members of the pension plan,
- (c) the pension plan was administered in accordance with the terms and conditions of the plan, and any amendments made to the pension plan during the plan year covered by this return have been filed,
- (d) the assets of the plan have been invested and the investments have been made in accordance with the requirements of *The Pension Benefits Act, 1992*, and its regulations and the plan's written statement of investment policies and procedures,
- (e) the pension plan complies with and is being administered in accordance with Section 147.1, 147.2 and 147.3 of the *Income Tax Act (Canada)* for the plan year covered by this return, and
- (f) the information entered on this Annual Information Return is true and correct.

Signature

Title or Position

Company, Association or Board of Trustees

Date



Registration Number

Name of Pension Plan

15	Amounts transferred in from other plans	\$	
16	Payment of benefits from the plan	\$	
17	Transfers of benefits to other plans	\$	
18	Net investment earnings (losses)	\$	
19	Market value of assets at beginning of plan year	\$	
20	Market value of assets at end of plan year	\$	
21	Actuarial Liabilities resulting from plan obligations	\$	
22	Date of Actuarial Liability Assessment		YYYY/MM/DD
23	Did the pension plan terminate or become inactive prior to or in this plan year?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, enter Date of Termination	YYYY/MM/DD
	If all the assets were distributed pursuant to the termination of the plan, enter date of final distribution. No further questions	Date of Final Distribution	YYYY/MM/DD
24	How many active members were persons connected with the employer?		
25	How many employers participated in the plan at the end of the plan year?		
	<ul style="list-style-type: none"> multi-employer plan, proceed to section 30 specified multi-employer plan, no further questions all other plan types continue with question 26 		
26	Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan provided by this plan sponsor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
27	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Have any connected persons joined or left the plan in this plan year		<input type="checkbox"/> Yes <input type="checkbox"/> No
29	During this plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> money purchase plan, no further questions all other plan types continue with section 		
30	Were any plan members provided with post-1989 past service benefits in this plan year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Have any plan members who are connected persons been provided with pre-1992 past service benefits in this plan year?		<input type="checkbox"/> Yes <input type="checkbox"/> No