



Pension Benefits Guarantee Fund Assessment Certificate

Form 2.1 - Approved by the Superintendent of Financial Services pursuant to
the *Pension Benefits Act*, R.S.O. 1990, c.P.8, as amended (the "PBA")

Please review **ALL** the information shown below.
If any information is incorrect or incomplete,
please make the appropriate corrections.

Return form to: Ministry of Finance
Revenue Operations and
Client Services Branch
PO Box 620
33 King Street West
Oshawa ON L1H 8E9

PART 1

Identification

Registration Number	Name of Pension Plan														
Plan Type <input type="checkbox"/> Single-Employer <input type="checkbox"/> Individual Pension Plan <input type="checkbox"/> Multi-Employer	Benefit Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Combination (e.g., Defined Contribution with past service Defined Benefits)	Plan Reporting Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">year</td> <td style="border: 1px solid black; width: 25%; text-align: center;">month</td> <td style="border: 1px solid black; width: 25%; text-align: center;">day</td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">to</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">year</td> <td style="border: 1px solid black; text-align: center;">month</td> <td style="border: 1px solid black; text-align: center;">day</td> <td></td> </tr> </table>	year	month	day		to				year	month	day		Language <input type="checkbox"/> English <input type="checkbox"/> French/ <i>français</i>
year	month	day													
to															
year	month	day													

Plan Administrator - Name and Mailing Address

Contact			
Title			
Company Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

Plan Sponsor - Name and Address

Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

Pension Fund Trustee (including Insurance Company) - Name and Address

Trustee: Individuals Corporate

Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

PART 2 - To be completed by the Actuary

Please complete the following based upon the last actuarial report filed with the Financial Services Commission of Ontario (FSCO).

Is this a recalculation of a previously filed Pension Benefits Guarantee Fund (PBGF) Assessment Certificate?

Yes No

NOTE: If the PBGF assessment base is zero, skip [301] to [305] inclusive and enter zero in [306].

Valuation Date of Last Actuarial Report filed with FSCO

year	month	day

Period Covered by the Actuarial Report:

year	month	day	to	year	month	day

Solvency assets

[301]

\$			
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PBGF liabilities

[302]

--	--	--	--

Solvency liabilities

[303]

--	--	--	--

Ontario asset ratio - ([302] divided by [303])

[304]

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Ontario portion of fund - ([301] multiplied by the ratio in [304])

[305]

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PBGF assessment base - ([302] subtract [305] ; if negative, enter zero)

[306]

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Amount of additional liability for plant closure and/or permanent layoff benefits which is not funded and subject to the 2% assessment pursuant to s.37(4)(a)(ii) of Regulation 909, R.R.O. 1990, as amended

[307]

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PART 3 - Declaration of the Actuary

I certify that I have knowledge of the above noted pension plan and that to the best of my knowledge and belief the information reported in PART 2 of this form is true and correct.

DATED at _____, this _____ day of _____, _____.

(day) (month) (year)

Signature of Witness

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Name of Witness (please print)

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Address of Witness (please print)

Signature of Actuary

--

Name of Actuary (please print)

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Professional Designation (please print)

Corporate Affiliation

PART 4 - To be completed by Authorized Representative of the Pension Plan Administrator

Adjustment to PBGF Assessment Base

Has the employer made special payments between the valuation date of the last actuarial report filed and the assessment date, in excess of the minimum special payments required in accordance with that report?

Yes (Please complete the following) **No** (Enter amount from 306 in 309)

Periods between the Valuation Date of the Last Actuarial Report and the Assessment Date	Minimum Special Payments required based on the Last Actuarial Report		Special Payments made by the Employer
	Going Concern Unfunded Liability	Solvency Deficiency	
First Year (or part thereof) in the period: <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div> <p style="text-align: center;">to</p> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div>	\$		
Second Year (or part thereof) in the period: <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div> <p style="text-align: center;">to</p> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div>			
Third Year (or part thereof) in the period: <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div> <p style="text-align: center;">to</p> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> year month day </div>			
Total For All Periods	A	B	C

Amount in excess of the minimum special payments: \$

C - (**A** + **B**) 308

Applicable PBGF assessment base: 306 - 308 (if negative, enter zero) 309

PART 5 - Calculation of Guarantee Fund Assessment

Note: If amount in 309 is zero, enter zero in 313 and proceed to 314.

0.5% of any portion of the applicable PBGF assessment base 309 that is less than 10% of the PBGF liabilities 302 (or for Qualifying Plan 2.5% of assessment base 309).	310	\$ <input style="width: 100%; height: 20px;" type="text"/>
1.0% of any portion of the applicable PBGF assessment base 309 that is 10% or more but less than 20% of the PBGF liabilities 302 (for Qualifying Plan enter "0").	311	<input style="width: 100%; height: 20px;" type="text"/>
1.5% of any portion of the applicable PBGF assessment base 309 that is 20% or more of the PBGF liabilities 302 (for Qualifying Plan enter "0").	312	<input style="width: 100%; height: 20px;" type="text"/>
Sum of amounts 310 + 311 + 312	313	<input style="width: 100%; height: 20px;" type="text"/>

(continued on page 4)

PART 5 - Calculation of Guarantee Fund Assessment (continued)

Ontario Plan Members	<input type="text" value="314"/>	<input type="text"/>			
Ontario Former Members and Other Beneficiaries	<input type="text" value="315"/>	<input type="text"/>			
Total of <input type="text" value="314"/> + <input type="text" value="315"/>	<input type="text" value="316"/>	<input type="text"/>	X \$1.00	=	<input type="text" value="317"/>
Sum of amounts <input type="text" value="313"/> + <input type="text" value="317"/>	<input type="text" value="318"/>	<input type="text"/>			<input type="text" value="318"/>
Number of Ontario Plan Members, Former Members and Other Beneficiaries	from <input type="text" value="318"/>	<input type="text"/>	X \$100.00	=	<input type="text" value="319"/>
Lesser of <input type="text" value="318"/> or <input type="text" value="319"/>	<input type="text" value="320"/>	<input type="text"/>			<input type="text" value="320"/>
2.0% of <input type="text" value="307"/> (or for Qualifying Plan 2.5% of <input type="text" value="307"/>)	<input type="text" value="321"/>	<input type="text"/>			<input type="text" value="321"/>
Total Guarantee Fund Assessment (Sum of amounts <input type="text" value="320"/> + <input type="text" value="321"/> , maximum \$4,000,000 (or maximum \$5,000,000 for Qualifying Plan))	<input type="text" value="322"/>	<input type="text"/>			<input type="text" value="322"/>
Retail Sales Tax (8% of <input type="text" value="322"/>)	<input type="text" value="323"/>	<input type="text"/>			<input type="text" value="323"/>
Total Amount to be Remitted (Sum of amounts <input type="text" value="322"/> + <input type="text" value="323"/>)	<input type="text" value="324"/>	<input type="text"/>			<input type="text" value="324"/>
If recalculation of assessment, enter amount of previous assessment paid for this period	<input type="text" value="325"/>	<input type="text"/>			<input type="text" value="325"/>
Amount Owng/Refund (<input type="text" value="324"/> - <input type="text" value="325"/>)	<input type="text" value="326"/>	<input type="text"/>			<input type="text" value="326"/>

Please remit cheque payable to: **Pension Benefits Guarantee Fund**

PART 6 - Certification

As the authorized representative of the administrator of the above noted pension plan, I certify that all the information reported on this form in Parts 1, 4 and 5 is true and correct to the best of my knowledge and belief.

DATED at _____,
Signature of Witness

Name of Witness (please print)

Address of Witness (please print)

this _____ day of _____,
(day) (month) (year)
Signature of Authorized Representative

Name of Authorized Representative (please print)

Title/Position (please print)

The information in the Pension Benefits Guarantee Fund Assessment Certificate ("Certificate") is collected by the Financial Services Commission of Ontario. The Financial Services Commission of Ontario's legal authority for the collection of the information, including any personal information, is found under section 20 of the PBA and section 18 of the regulations thereunder. The Certificate provides the Financial Services Commission of Ontario with information about the pension plan. The principal purposes for which the information is to be used is to confirm that all applicable legislation is being complied with and to determine the Pension Benefits Guarantee Fund assessments payable. If you have any questions about the collection of this information, please contact the Financial Services Commission of Ontario at pensions@fscso.gov.on.ca or toll free at 1-800-668-0128.

PIPBG4 014

Please DO NOT detach

Financial Services
Commission
of Ontario

**Remittance Advice
Pension Benefits Guarantee Fund Assessment Certificate**



Please enter in the space provided the amount of the payment enclosed. Return the cheque payable to: **Pension Benefits Guarantee Fund** with the Pension Benefits Guarantee Fund Assessment Certificate to: Ministry of Finance, Revenue Operations and Client Services Branch, PO Box 620, 33 King Street W, Oshawa ON L1H 8E9.

Due Date	<input type="text"/>
Payment Enclosed	\$ <input type="text"/>