



## APPLICATION FOR REGISTRATION OF A PENSION PLAN

**Form 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")  
(All applicable questions must be completed - please type or print)  
(Return original with registration fee - keep working copy)

### INFORMATION CONCERNING THE PLAN ADMINISTRATOR

1. Provide the name of the administrator and the following information:

\_\_\_\_\_  
(Note: If the administrator is a corporation, pension committee or board, use the name of the corporation, committee or board)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(postal code)

(\_\_\_\_\_) \_\_\_\_\_  
(telephone number)

(ext.)

(\_\_\_\_\_) \_\_\_\_\_  
(fax number)

2. Indicate whether the administrator is (check the most appropriate):

an employer or employers

a board of trustees

a pension committee

a board, agency or commission made  
responsible by an act of the legislature for the  
administration of the pension plan

an insurance company

3. If the administrator is a pension committee, indicate the number of members who are representatives of:

\_\_\_\_\_ the employer or employers or any other person required to make contributions  
under the pension plan on behalf of an employer

\_\_\_\_\_ members of the pension plan

===== **Total Number of Representatives**

	<b>FOR FSCO USE ONLY</b>
Registration No.:	_____
Form Signed:	_____
Plan Documents Not Received:	_____
Additional Fee Needed:	_____
Refund Issued:	_____
Verified By:	_____

**INFORMATION CONCERNING THE EMPLOYER/PLAN SPONSOR**

4. Provide the name of the employer/plan sponsor and the following information:

\_\_\_\_\_  
*(name of employer/plan sponsor)*

\_\_\_\_\_  
*(mailing address)*

\_\_\_\_\_  
*(postal code)*

(\_\_\_\_\_) \_\_\_\_\_  
*(telephone number)*

*(ext.)*

(\_\_\_\_\_) \_\_\_\_\_  
*(fax number)*

5. Are there any other employers, including subsidiary or affiliated companies, with employees participating in the plan?

yes

no

*If "yes", attach to this form the name and mailing address of each of the other employers.*

6. Employment in federal jurisdiction: (Included employment)

Are any plan members employed in an activity that is within the authority of the federal pension standards legislation (*Pension Benefits Standards Act, 1985, R.S.C. 1985 (2nd supp.), c. 32, as amended*)? Examples of these activities include interprovincial transportation, communications, banking, and/or employment in the Yukon Territory, Northwest Territories or territory of Nunavut.

yes

no

**INFORMATION CONCERNING THE PENSION PLAN**

7. What is the name of the pension plan? \_\_\_\_\_

8. What is the effective date of the establishment of the plan? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*yyyy mm dd*

9. What is the date of the plan year-end? \_\_\_\_\_ / \_\_\_\_\_  
*mm dd*

10. (a) Has this plan been registered with the Canada Revenue Agency?

yes

no

(b) If "yes", please provide the plan registration number: \_\_\_\_\_

11. Is the pension plan a creation of, or supported by, a collective agreement?

yes

no

*If "yes", attach a copy of the collective agreement to this form (as required by question 17 - documents which must be filed).*

12. Indicate the type of plan (*check the most appropriate*):

multi-employer

\_\_\_\_\_ defined benefit

\_\_\_\_\_ defined contribution

defined contribution

defined benefit

combination of defined benefit and defined contribution

other (*provide details*) \_\_\_\_\_

\_\_\_\_\_

13. Multi-employer or negotiated cost plans

Is the pension plan a multi-employer pension plan established pursuant to a collective agreement or trust agreement; or, a pension plan that provides defined benefits where the obligation of an employer to contribute to the pension plan is limited to a fixed amount or rate set out in a collective agreement? (*see subsection 6(1) of Regulation 909, R.R.O. 1990, as amended (the "Regulation")*)

yes

no

14. Is the pension plan a designated plan as that term is defined in the Regulation?

yes

no

**FUNDING INFORMATION**

15. Funding instrument/arrangement

(a) Are the benefits provided for in the plan totally insured and/or guaranteed by an insurance company?

- yes
- no

(b) If “yes”, provide the following information for the insurance company:

\_\_\_\_\_  
*(name of contact)*

\_\_\_\_\_  
*(name of insurance company)*

\_\_\_\_\_  
*(mailing address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(postal code)*

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
*(telephone number) (ext.) (fax number)*

(c) **If 15(a) is “no”**, please indicate the funding instrument/arrangement *(and complete question 15(d))*:

- insurance company contract not fully insured or guaranteed
- trust agreement with:
  - individual trustees
  - trust company
- pension fund society
- government, or agency, board or commission established by statute for administration of a pension fund
- other *(provide details)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. - continued

(d) Provide the name of the fund, the name of the corporate trustee/insurance company/other body which holds the fund's assets, and the following information:

\_\_\_\_\_  
(fund name)

\_\_\_\_\_  
(corporate trustee/insurance company/other)

\_\_\_\_\_  
(name of contact)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_

\_\_\_\_\_  
(postal code)

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(telephone number) (ext.) (fax number)

**OTHER PENSION PLANS SPONSORED BY THE EMPLOYER/PLAN SPONSOR**

16. Have any of the members covered by this new plan participated in the past in any other pension plan of the company, including a subsidiary or affiliated company?

yes

no

If "yes", provide the name of the previous plan(s), the registration number(s) and describe the current status of the plan(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **The following documents are required in all cases and must be filed with this form**, exceptions where noted (*to ensure that all required documents and the registration fee are attached to this form, check applicable items below*):

Certified copies of the documents that create and support the pension plan:

- certified copy of the text of the plan
- if not already filed, a certified copy of the initial valuation report
- certified copy of the collective agreement if the plan was set up in accordance with a labour agreement

Certified copies of the documents that create and support the pension fund, as applicable:

- certified copy of the trust agreement(s)
- certified copy of the deposit contract(s) with an insurance company
- certified copy of the group annuity contract(s)
- certified copy of other types of funding instruments
- certified copy of the statement of investment policies and goals (but not if a statement of investment policies and procedures that meets the requirements of the federal investment regulations as defined in section 66 of the Regulation has been established for the plan)
- a certified copy of any reciprocal transfer agreement related to the pension plan, if applicable
- a certified copy of the explanatory statement and other information provided to members and persons eligible to become members as required under subsection 25(1) of the PBA (information provided by administrator)
- cheque for \$250 payable to the **Minister of Finance** for the registration fee set out at question 19

18. **The following documents are required if applicable to the plan** (*to ensure that all applicable documents and information are attached please check items below; if items are not applicable, indicate [N/A]*):

- \_\_\_\_\_ a list of the names and addresses of each member of a pension committee, a board of trustees or a board, agency or commission responsible for the administration of the **pension plan**
- \_\_\_\_\_ a list of the names and addresses of each individual trustee or each member of a board, agency, commission or corporation responsible for the administration of a **pension fund**, if not included in certified copy of funding instrument
- \_\_\_\_\_ a list of the other pension plans already set up by the employer
- \_\_\_\_\_ a list of the names and addresses of each employer participating in this plan as per question 5
- \_\_\_\_\_ a list of the name and registration number of each previous pension plan of the employer(s) as per question 16
- \_\_\_\_\_ other (*provide details*) \_\_\_\_\_

**PLAN MEMBERSHIP AND REGISTRATION FEE**

19. (a) Enter below the number of members, excluding former members, and the location of their employment by jurisdiction as of the effective date of the establishment of the plan.

<u>Location of Employment:</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Newfoundland	_____	_____	_____
Nova Scotia	_____	_____	_____
New Brunswick	_____	_____	_____
Quebec	_____	_____	_____
Ontario	_____	_____	_____
Manitoba	_____	_____	_____
Saskatchewan	_____	_____	_____
Alberta	_____	_____	_____
British Columbia	_____	_____	_____
Northwest Territories	_____	_____	_____
Yukon Territory	_____	_____	_____
Territory of Nunavut	_____	_____	_____
<b>SUBTOTAL</b>	_____	_____	_____
	<i>(subtotal male)</i>	+	<i>(subtotal female)</i> =
			<i>(subtotal - all members)</i>
Prince Edward Island	_____	_____	_____
Outside Canada	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====

(b) Enter below the total number of former members and other beneficiaries, excluding former members and other beneficiaries located in Prince Edward Island or outside Canada, as of the effective date of the establishment of the plan.

*(A former member is a person who has terminated employment or membership in the pension plan, but is receiving a pension (or is entitled to receive a pension within one (1) year from termination) from the pension fund, or, is entitled to a deferred pension or any other payment from the pension fund. Beneficiaries are spouses or others who have an entitlement under the fund.)*

**REGISTRATION FEE:**

A registration fee of \$250 applies for the registration of a pension plan with the Financial Services Commission of Ontario. A cheque for \$250 to cover the registration fee must be attached to this form.

*Please make the cheque payable to the **Minister of Finance** and send the application form, required documents and registration fee to:*

Financial Services Commission of Ontario  
 Pension Plans Branch  
 5160 Yonge Street, Box 85  
 Toronto ON M2N 6L9

**STATISTICAL INFORMATION RELATED TO PENSIONS AND PENSION PLANS**

The information requested in questions 20 to 29 is to be provided for the purpose of compiling statistical information related to pensions and pension plans pursuant to section 97 of the PBA.

20. Type of organization operated by the principal employer(s) (check the most appropriate):

- a sole proprietorship/partnership
- a corporation
- a registered not-for-profit association
- a municipal government, agency, or corporation
- a provincial government, agency, or corporation
- federal government, agency, or corporation
- other (provide details) \_\_\_\_\_  
\_\_\_\_\_

21. What is the main business of the principal employer/plan sponsor? \_\_\_\_\_  
\_\_\_\_\_

22. Eligibility for membership

Specify the class or classes of employees who are eligible to join the plan (multiple entries acceptable except for “all employees”):

- all employees
- salaried employees
- hourly employees
- union members
- executives including “connected persons” as that term is defined in the *Income Tax Act*, R.S.C. 1985 (5th supp.), c. 1, as amended
- other (provide details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Normal retirement age

Indicate normal retirement age according to the plan text: \_\_\_\_\_

24. Integration with Canada Pension Plan (“CPP”) or Quebec Pension Plan (“QPP”)

Indicate if the contribution and/or benefit rate are integrated with contributions or benefits of the CPP/QPP:

- contribution rate integrated with CPP/QPP
- benefit formula integrated with CPP/QPP
- both are integrated with CPP/QPP
- neither is integrated with CPP/QPP

25. Employee contributions

Identify employee contribution rate for normal cost:

- no employee contribution required
- \_\_\_\_\_ % of earnings if not integrated with CPP/QPP
- \_\_\_\_\_ % of earnings above Year’s Maximum Pensionable Earnings (“YMPE”)
- \_\_\_\_\_ % of earnings up to YMPE
- other (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Employer contributions

Identify employer contribution rate or amount for normal cost:

- employer pays balance of cost
- \_\_\_\_\_ % of earnings if not integrated with CPP/QPP
- \_\_\_\_\_ % of earnings above YMPE
- \_\_\_\_\_ % of earnings up to YMPE
- \$\_\_\_\_\_ per year
- other (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plans Which Have Any Defined Benefit Provisions, Complete Questions 27 to 29**

27. Benefit calculation

Pension benefits are based on (*check the most appropriate*):

- final average earnings over the last \_\_\_\_\_ years
- best average earnings for the best \_\_\_\_\_ years (*of the last \_\_\_\_\_ years, if applicable*)
- career average earnings
- flat benefit

28. Benefit formula - for normal retirement benefit only (do not include optional or alternative benefits requiring specific conditions)

Indicate amount or rate of benefit formula:

- \_\_\_\_\_ % of earnings if not integrated with CPP/QPP
- \_\_\_\_\_ % of earnings above YMPE
- \_\_\_\_\_ % of earnings up to YMPE
- \$\_\_\_\_\_ per month for each year of service
- \$\_\_\_\_\_ per month for each \_\_\_\_\_ hour(s) worked
- other (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Does the pension plan document provide for automatic (contractual) increases to pensions in pay, or deferred pensions (e.g., indexation to Consumer Price Index)?

- yes
- no

**ADMINISTRATOR'S CERTIFICATION  
APPLICATION FOR REGISTRATION OF A PENSION PLAN**

Pursuant to the *Pension Benefits Act*, R.S.O. 1990, c. P.8, as amended (the "PBA")  
and Regulation 909, R.R.O. 1990, as amended (the "Regulation")

**Re: PENSION PLAN:** \_\_\_\_\_  
(the "Pension Plan"). *(insert full plan name and Canada Revenue Agency registration number (if available))*

**I AM:** *(check the appropriate circle)*

- the administrator of the Pension Plan (the "Administrator"), or
- an agent or representative of the Administrator authorized by the Administrator to make this application to register the Pension Plan and to give this certification.

**I CERTIFY THAT:**

- (a) attached to this application to register the Pension Plan are certified copies of:
- (i) the documents necessary to create and support the Pension Plan and its pension fund, and
  - (ii) all other documents required to be filed under the PBA and Regulation as part of this application to register the Pension Plan,
- (b) the information contained in the application and the attached documents is true and accurate and the application is complete,
- (c) the Pension Plan complies with the requirements of the PBA and Regulation,
- (d) the pension legislation of the following Canadian jurisdictions other than Ontario applies to one or more members, former members or other beneficiaries of the Pension Plan:

\_\_\_\_\_  
*(insert names of all relevant Canadian jurisdictions; if none, leave blank)*

- (e) where the pension legislation of one or more Canadian jurisdictions other than Ontario applies to one or more members, former members or other beneficiaries of the Pension Plan:
- (i) I am aware of, or have consulted with professionals who have advised me of, the requirements of the pension legislation of those other jurisdictions,
  - (ii) I have reviewed this application, and
  - (iii) to the best of my knowledge and belief, based on the information and advice provided to me, including that referred to herein, the Pension Plan complies with the requirements of the pension legislation of those other jurisdictions.

**THE ADMINISTRATOR'S CERTIFICATION CONTINUES ON THE NEXT PAGE**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
(day) (month) (year)

\_\_\_\_\_  
*Signature of Administrator or Administrator's Agent or Representative*

\_\_\_\_\_  
*Name of Administrator or Administrator's Agent or Representative (printed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Address of Administrator or Administrator's Agent or Representative (printed)*

It is an offence under the *Criminal Code*, R.S.C. 1985, c. C-46, as amended, for anyone to knowingly make or use a false document with the intent that it be acted on as genuine.