



WIND UP REPORT FOR DEFINED CONTRIBUTION PENSION PLANS

Note: Section references are to the *Pension Benefits Act*, R.S.O. 1990 (the "Act"), unless otherwise indicated.

Plan Information

1. Registration Number: _____

2. Name of Pension Plan: _____

3. Employer/Plan Sponsor: _____

4. Pension Fund Trustee(s): _____

5. Collective Bargaining Agent: _____ N/A

6. Contributory Plan Non-Contributory Plan

Wind Up Information

7. Type of Wind Up: Full Partial _____
Identify Partial Wind Up Group (if applicable)

8. Effective date of Wind Up: ____/____/____
yyyy /mm / dd

9. Effective date of Wind Up complies with s. 68(5):
 Yes No

10. End of last period for which contributions were deducted: ____/____/____
yyyy /mm / dd

11. All employee and employer contributions remitted to the fund to the effective date of wind up: Yes No

12. Date last notice given to members: ____/____/____
yyyy /mm / dd

13. Notice content and distribution complies with ss. 68(2), 68(3) and 68(4) (including s. 28 of Regulation 909):
 Yes No

14. Date report sent to Collective Bargaining Agent: N/A ____/____/____
yyyy /mm / dd

15. Financial Information: Full Plan

Assets (Market Value) _____ Liabilities _____ Surplus _____

16. Financial Information: Portion affected by Wind Up

Assets (Market Value) _____ Liabilities _____ Surplus _____

[Please provide an explanation of how surplus was created, the proposed treatment of the surplus and the allocation method, if applicable]

17. Legislative Requirements - The following requirements have been applied:

Full Vesting Transfer Rights Benefits locked-in

Filing requirements (Full Wind Up only)

18. All outstanding Annual Information Returns have been filed: Yes No

19. All outstanding Financial Statements have been filed: Yes No

Explanations (Include reference to section number):

Certification of Compliance

I certify that

- a) I am a person described in section 15 of Regulation 909 made under the Act,
- b) I am aware of, or have consulted with professionals who have advised me of the requirements of the pension legislation and Regulations of Ontario and of those other jurisdictions that apply to one or more members, former members or other beneficiaries of the Pension Plan (the "Pension Legislation"),
- c) I have reviewed this report,
- d) the information contained in this wind up report is true and accurate and this report is complete,
- e) the benefits and options have been determined in accordance with the terms of the Pension Plan and meet the minimum requirements of the Pension Legislation, and
- f) to the best of my knowledge and belief, based on the information and advice provided to me, including that referred to herein, this report complies with the requirements of the Pension Legislation, except as noted in this report.

DATED this _____ day of _____, _____.
(day) (month) (year)

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

Signature

Name

Name and Address of Organization

() _____ ext.

Telephone Number

<p>For Office Use Only</p>
