

## Application for Registration of a Pension Plan

To be completed and signed by the Plan Administrator

### 1 – Plan identification

Plan Name		
Effective Date	Plan Fiscal Year End	Registration Number*, if known

\* The Registration Number of the pension plan is the same registration number issued by the Canada Revenue Agency (CRA) for the pension plan. If the CRA Registration Number is known, please input that number in box titled "Registration Number".

### 2 – Plan Sponsor

Plan Sponsor Name		
Contact Name of the person who represents the Plan Sponsor	Title	
Address		
City/Town	Province or territory	Postal Code
Telephone	Fax	E-mail

### 3 – Type of Organization of the Plan Sponsor (check one)

<p><b><u>Private Sector</u></b></p> <p><input type="checkbox"/> Incorporated company</p> <p><input type="checkbox"/> Unincorporated business (sole proprietor or partnership)</p> <p><input type="checkbox"/> Co-operative</p> <p><input type="checkbox"/> Trade or employee association</p> <p><input type="checkbox"/> Religious, charitable or non-profit organization</p> <p><input type="checkbox"/> Other (Private): _____</p>	<p><b><u>Public Sector</u></b></p> <p><input type="checkbox"/> Municipal enterprise</p> <p><input type="checkbox"/> Municipal government</p> <p><input type="checkbox"/> Provincial enterprise</p> <p><input type="checkbox"/> Provincial government</p> <p><input type="checkbox"/> Federal enterprise</p> <p><input type="checkbox"/> Other (Public): _____</p>
--	---

### 4 – Nature of business of the Plan Sponsor

a. What is the main nature of the Plan Sponsor's business?
b. Are any plan members employed in an activity that is within the authority of federal pension standards legislation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please refer to the Instruction Guide for definition of "Included Employment")

### 5 – Participating Employers

a. How many employers participate in the plan? ____ (If more than one, please complete and attached Schedule 1)
---

**Application for Registration of a Pension Plan**  
**Financial and Consumer Affairs Authority of Saskatchewan**

---

**6 - Plan Administrator**

Company Name		
The Plan Administrator is: (check one) <input type="checkbox"/> A Board of Trustees. <input type="checkbox"/> The Employer.		
Contact Name of the person who represents the Plan Administrator	Title	
Address		
City/Town	Province or territory	Postal Code
Telephone	Fax	E-mail (required)

**7 - Fund Holder**

Plan Fund Holder Name	Policy No. (if applicable)	
The fund of the plan is held by: (check one) <input type="checkbox"/> An insurance company pursuant to a contract for insurance. <input type="checkbox"/> A trust governed by a written trust agreement pursuant to which the trustees are three or more individuals (please complete and attach Schedule 2). <input type="checkbox"/> A trust governed by a written trust agreement pursuant to which the trustees are a trust corporation. <input type="checkbox"/> Other (describe): _____.		
Contact Name of the person who represents the Fund Holder	Title	
Address		
City/Town	Province or territory	Postal Code
Telephone	Fax	E-mail (required)

**8 - Actuary (Plans with Defined Benefit Provisions Only)**

Actuarial Firm		
Contact Name of the person who represents the Actuarial Firm	Title	
Address		
City/Town	Province or territory	Postal Code
Telephone	Fax	E-mail (required)

**Application for Registration of a Pension Plan**  
**Financial and Consumer Affairs Authority of Saskatchewan**

**9 – Third Party Administrator, if applicable**

Company Name		
Contact Name of the person who represents the Third Party Administrator	Title	
Address		
City/Town	Province or territory	Postal Code
Telephone	Fax	E-mail (required)

**10 – Additional Information**

Origination of Plan

a. Does the plan (for which this application is being filed) result from a significant plan event (i.e. a plan split, termination) related to another plan?  Yes  No

b. If yes to a., please complete the following regarding the “other plan”:

i. Jurisdiction of Registration: \_\_\_\_\_

ii. CRA Registration Number: \_\_\_\_\_

iii. Pension Plan Name: \_\_\_\_\_

c. If yes to a., will the other plan be terminated (or has the other plan been terminated)?  Yes  No

d. If yes to a., will the assets be transferred to this new plan (or have the assets been transferred to this new plan)?  Yes  No

Location of books or records

e. If the books or records of the plan are located at the Plan Administrator’s address as listed above, check this box , otherwise, on a separate attachment, please provide the full location details (Company name, contact information, address, e-mail, etc.)

Pension Plan Provisions

f. What type of benefits does the plan offer?

Defined contribution ONLY (please complete and attach Schedule 3)

Defined benefit ONLY (please complete and attach Schedule 4)

BOTH defined contribution and define benefit (please complete and attach both Schedule 3 and Schedule 4)

g. What class(es) of employees are covered by the plan?  
(multiple entries acceptable, except if “All employees” has been checked)  
Plan text reference: \_\_\_\_\_

All employees  Supervisory

Salaried  Executives (including connected persons / specified individuals)

Hourly  Other (describe): \_\_\_\_\_

Union

Non-union

NOTE: If more than one class identified, please provide the information broken down by class as is requested in the appropriate Schedules 3 and/or 4.

h. With respect to defined benefit provisions only, is the employer’s liability limited pursuant to an agreement in accordance with subsection 40(5) of *The Pension Benefits Act, 1992*?  Yes  No

i. With respect to defined benefit provisions only, do members share in the funding obligations related to (check all that apply):

Current service costs,

Unfunded liabilities and solvency deficiencies, if applicable

j. Is the plan integrated with the Canada Pension Plan on a contribution and/or benefit formula basis?  Yes  No

Designated Plans, Connected Persons, Specified Individuals

k. Is the plan a designated plan as defined by section 8500(1) and 8515 of the *Income Tax Regulations* (Canada) (ITR)?  Yes  No

l. How many of the active members are persons connected within the meaning of section 8500(3) of the ITR? \_\_\_\_\_

m. How many of the active members are specified individuals within the meaning of section 8515(4) of the ITR? \_\_\_\_\_

**Application for Registration of a Pension Plan**  
**Financial and Consumer Affairs Authority of Saskatchewan**

**11 – Membership**

A. Membership Profile (as of the effective date of the plan)				
	Active Male Members (Column 1)		Active Female Members (Column 2)	
	PE*	IE*	PE*	IE*
Newfoundland & Labrador				
Prince Edward Island				
Nova Scotia				
New Brunswick				
Québec				
Ontario				
Manitoba				
Saskatchewan				
Alberta				
British Columbia				
Northwest Territories				
Yukon				
Nunavut				
Outside Canada				
<b>Totals</b>	Box 11.1	Box 11.2	Box 11.3	Box 11.4
Total of all active members (Box 11.1 + Box 11.2 + Box 11.3 + Box 11.4)			Box 11.5	
Total of all former members (i.e. deferred members) and other beneficiaries not in receipt of a pension			Box 11.6	
Total of all former members (i.e. pensioners) and other beneficiaries in receipt of a pension			Box 11.7	

\*PE = Provincial Employment; IE = Included Employment; DO NOT include the count of members that you report under IE in those that you report under PE (doing so would “double count” those members)

\*\* When making an application for a new pension plan, there will be former members only where the new pension plan results from a split of an existing pension plan, and some, or all, of the pensioners or deferred members under the original plan are transferred to the new plan. In all other cases, the number of former members will be zero (0).

**12 – Filing Fee\***

Active Members Formula: [(Box 11.5) x (\$7.00)]	Box 12.1: \$ _____
Former Members Formula: [(Box 11.6 + Box 11.7) X (\$3.50)]	Box 12.2: \$ _____
Total fees enclosed Formula: (Box 12.1 + Box 12.2) (Minimum \$150; Maximum \$15,000)	Box 12.3: \$ _____

\* Section 5 of *The Pension Benefits Regulations, 1993* prescribes the fees payable when filing an application for registration of a pension plan form. Please make cheque payable to the “**Minister of Finance**”.

**13 – Certification**

I hereby make application for registration of the pension plan identified in this form under *The Pension Benefits Act, 1992* (the Act) and any other similar pension legislation of another jurisdiction to which this pension plan is subject.

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

- (a) the plan complies with the Act and *The Pension Benefits Regulations, 1993* (the Regulations), and the pension benefits legislation of any other jurisdiction to which this plan is subject,
- (b) the assets of the plan will be invested and the investments will be made in accordance with the requirements of the Act and Regulations, and
- (c) the information provided in this application is true, correct and complete.

I understand that the information collected in this form is used for the purposes of regulating the plan pursuant to the Act and Regulations and the Federal *Income Tax Act* and *Income Tax Regulations*. The information is shared with the Canada Revenue Agency and with Statistics Canada, pursuant to separate agreements. This form and the information provided herein are subject to *The Freedom of Information and Protection of Privacy Act*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Title

Please submit the completed form and filing fee (cheque made payable to the **Minister of Finance**), within the prescribed period to:

Pensions Division, Financial and Consumer Affairs Authority of Saskatchewan  
Suite 601, 1919 Saskatchewan Drive  
REGINA SK S4P 4H2

For further information, please contact us – Ph: 306.787.7650; Fx: 306.798.4425

Last Updated: February 21, 2017 (to be used on and after February 21, 2017)

**Application for Registration of a Pension Plan**  
**Financial and Consumer Affairs Authority of Saskatchewan**

---

**Schedule 1 - Participating Employers**

**Directions:**

- List the participating employers, including the plan sponsor if applicable, that are required to contribute to the plan.
- If more than 10 participating employers, please contact FCAA to arrange for an electronic submission of the listing or provide the information on an additional sheet.

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

Employer's name

Check one: Associated through ownership  or Associated through nature of business

**Schedule 2 – Fund Holder - Individual Trustees**

**Directions:**

- List the individual trustees.
- Use a separate sheet if additional space is required.

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

Trustee name

**Schedule 3 – Pension Plan Provisions – Defined Contribution Provisions**

**Directions:**

- Please complete this schedule if the plan contains ONLY defined contribution provisions; or, please complete this schedule for the defined contribution provisions of a plan which contains BOTH defined contribution and defined benefit provisions.
- If the plan contains ONLY defined benefit provisions – please do not complete this schedule but rather please complete Schedule 4.
- This form has been designed to capture the information related to a plan with multiple classes of employees. When this form does not specifically require you to provide the information broken down by class, please complete the question as it relates to the class of employee that represents the majority of the members in the plan.
- NOTE: Full-time and less than full-time (which would include part-time employees, casual employees, term employees, etc.) are not acceptable classes of employees. In very few situations can the entitlements for full-time and less than full-time employees vary. For example, the eligibility rules for full-time and less than full-time employees can vary in that it may be mandatory for full-times to join the plan and voluntary for less than full-time employees to join the plan. Where a plan provides these variations for full-time and less than full-time, please clarify these variations under “other” on the appropriate Schedule 3 or 4. Do not complete separate schedules for full-time and less than full-time employees. All employees, regardless of whether they are full-time or less than full-time, that are part of an acceptable class of employees are recognized under *The Pension Benefits Act, 1992*.

**1. Formula Type – Defined Contribution Provisions**

Plan text reference: \_\_\_\_\_

a. What formula type of applies to the defined contribution provision? (check one)

- Money purchase
- Profit Sharing

**2. Plan Participation for New Employees** - *If plan participation requirements are different for different classes of employees, please specify the class and requirements under the “other” category. Another use for the category of “other” is where a plan has different plan participation requirements for full-time employees and less than full-time employees (an example: full-time employees participation in the plan is mandatory and for less than full-time employees participation in the plan is voluntary).*

Plan text reference: \_\_\_\_\_

a. Is membership compulsory, voluntary, closed or other? (check one)

- Compulsory membership
- Voluntary membership
- Closed to new entrants
- Other (describe):  
\_\_\_\_\_

**3. Member Contributions**

a. Are members required to contribute to the plan?  Yes  No

Plan text reference: \_\_\_\_\_

b. If yes, what is the formula for the member contributions? (check one) - *If contribution rates are different for different classes of employees, please specify the class and contribution rate under the “variable” category.*

- \_\_\_\_% of earnings (not integrated with CPP/QPP)
- \_\_\_\_% of earnings, less the required CPP/QPP contributions
- \_\_\_\_% of earnings up to YMPE or on which contribution to CPP/QPP are required and \_\_\_\_% on balance of earnings
- \$\_\_\_\_.\_\_\_\_ per year
- \_\_\_\_ cents per hour
- Variable (describe):  
\_\_\_\_\_

Other (describe):  
\_\_\_\_\_

c. Are members permitted to make additional voluntary contributions?  Yes  No

Plan text reference: \_\_\_\_\_



**Schedule 3 – Pension Plan Provisions (Continued) – Defined Contribution Provisions**

**4. Please indicate who makes the investment decisions:**

Plan text reference: \_\_\_\_\_

a. Which party makes the investment decisions for the employer contributions?

- The Employer  
 The member

b. Which party makes the investment decisions for the member contributions?

- The Employer  
 The member  
 Not applicable – this is a non-contributory plan

**5. Employer Contributions - If contribution rates are different for different classes of employees, please specify the class and contribution rate under the "variable" category.**

Plan text reference: \_\_\_\_\_

a. What is the formula for the employer contributions? (check one)

- \_\_\_\_% of earnings (not integrated with CPP/QPP)  
 \_\_\_\_% of earnings less the required CPP/QPP contributions  
 \_\_\_\_% of earnings up to YMPE or on which contribution to CPP/QPP are required and \_\_\_\_% on balance of earnings  
 \$\_\_\_\_.\_\_\_\_ per year  
 \_\_\_\_ cents per hour  
 Based on employer profits with minimum of \_\_\_\_% of employer's earnings  
 Variable (describe): \_\_\_\_\_

Other (describe): \_\_\_\_\_  
\_\_\_\_\_

**6. Variable benefit account provisions**

Plan text reference: \_\_\_\_\_

a. Does the plan contain variable benefit account provisions as provided in section 29.2 of *The Pension Benefits Regulations, 1993*?

- Yes  
 No

**7. What is the normal retirement age under the plan? Note: If the normal retirement age is different for different classes of employees, please provide that detail under "other".**

Plan text reference: \_\_\_\_\_

- All employees - Age \_\_\_\_  
 Other (describe): \_\_\_\_\_

**8. What is the early retirement rule the plan? Note: If the early retirement rule is different for different classes of employees, please provide that detail under "other".**

Plan text reference: \_\_\_\_\_

- All employees - Age: \_\_\_\_  
 Other (describe): \_\_\_\_\_

**Schedule 4 – Pension Plan Provisions - Defined Benefit Provisions**

**Directions:**

- Please complete this schedule if the plan contains ONLY defined benefit provisions; or, please complete this schedule for the defined benefit provisions of a plan which contains BOTH defined contribution and defined benefit provisions.
- If the plan contains ONLY defined contribution provisions – please do not complete this schedule but rather please complete Schedule 3.
- This form has been designed to capture the information related to a plan with multiple classes of employees. When this form does not specifically require you to provide the information broken down by class, please complete the question as it relates to the class of employee that represents the majority of the members in the plan.
- NOTE: Full-time and less than full-time (which would include part-time employees, casual employees, term employees, etc.) are not acceptable classes of employees. In very few situations can the entitlements for full-time and less than full-time employees vary. For example, the eligibility rules for full-time and less than full-time employees can vary in that it may be mandatory for full-times to join the plan and voluntary for less than full-time employees to join the plan. Where a plan provides these variations for full-time and less than full-time, please clarify these variations under “other” on the appropriate Schedule 3 or 4. All employees, regardless of whether they are full-time or less than full-time, that are part of an acceptable class of employees are recognized under *The Pension Benefits Act, 1992*.

1. **Formula Type** - *If the formula type is different for different classes of employees, please select “variable” and provide the breakdown by class and formula type in the “variable” category.*

Plan text reference: \_\_\_\_\_

- a. What formula type applies to the defined benefit provision? (check the most appropriate)

- Final average earnings over the last \_\_\_\_ years
- Best average earnings over the best \_\_\_\_ years (of the last \_\_\_\_ years, if applicable)
- Career average earnings – year earnings based last updated \_\_\_\_; earning indexed  Yes  No
- Flat benefit earnings
- Hybrid – better of defined benefit / defined contribution
- Composite / combination (for same period of membership)
- Defined Benefit / Defined Contribution (for different periods of membership)
- Variable (describe):  
\_\_\_\_\_

Other (describe):  
\_\_\_\_\_

2. **Benefit Formula** – *for normal retirement benefit only (do not include optional or alternative benefits requiring specific conditions). If the benefit formula is different for different classes of employees, please select “other” and provide the breakdown by class and benefit formula in the “other” category.*

Plan text reference: \_\_\_\_\_

- a. Indicate amount or rate of benefit formula per year of service:

- \_\_\_\_% of earnings (not integrated with CPP/QPP)
- \_\_\_\_% of earnings, less all or part of CPP/QPP
- \_\_\_\_% of earnings up to YMPE and  
\_\_\_\_% on balance above YMPE
- \$ \_\_\_\_\_ per month for each year of service
- \$ \_\_\_\_\_ per month for each \_\_\_\_ hour(s) worked
- Other (describe):  
\_\_\_\_\_

**Schedule 4 – Pension Plan Provisions (Continued) - Defined Benefit Provisions**

- 3. Plan Participation for New Employees** - *If plan participation requirements are different for different classes of employees, please specify the class and requirements under the "other" category. Another use for the category of "other" is where a plan has different plan participation requirements for full-time employees and less than full-time employees (an example: full-time employees' participation in the plan is mandatory and for less than full-time employees participation in the plan is voluntary).*

Plan text reference: \_\_\_\_\_

- a. Is membership compulsory, voluntary, closed or other? (check one)

- Compulsory membership  
 Voluntary membership  
 Closed to new entrants  
 Other (describe):

\_\_\_\_\_

**4. Member Contributions**

- a. Are members required to contribute to the plan?  Yes  No

Plan text reference: \_\_\_\_\_

- b. If yes, what is the member contribution rate? (check one) - *If contribution rates are different for different classes of employees, please specify the class and contribution rate under the "variable" category.*

- \_\_\_\_\_% of earnings (not integrated with CPP/QPP)  
 \_\_\_\_\_% of earnings, less the required CPP/QPP contributions  
 \_\_\_\_\_% of earnings up to YMPE or on which contribution to CPP/QPP are required and \_\_\_\_\_% on balance of earnings  
 \$\_\_\_\_.\_\_\_\_ per year  
 \_\_\_\_\_ cents per hour  
 Up to 18% of earnings (together with employer contributions)  
 Variable (describe):

\_\_\_\_\_

- Other (describe):

\_\_\_\_\_

- c. Are members permitted to make additional voluntary contributions?  Yes  No

Plan text reference: \_\_\_\_\_

**5. Employer Contributions**

Plan text reference: \_\_\_\_\_

- a. What is the employer current service contribution rate? (check one) - *If contribution rates are different for different classes of employees, please specify the class and contribution rate under the "variable" category.*

- Balance of cost  
 \_\_\_\_\_% of earnings (not integrated with CPP/QPP)  
 \_\_\_\_\_% of earnings less the required CPP/QPP contributions  
 \_\_\_\_\_% of earnings up to YMPE or on which contribution to CPP/QPP are required and \_\_\_\_\_% on balance of earnings  
 \$\_\_\_\_.\_\_\_\_ per year  
 \_\_\_\_\_ cents per hour  
 Up to 18% of earnings (together with member contributions, if any)  
 Variable (describe):

\_\_\_\_\_

- Other (describe):

\_\_\_\_\_

**Schedule 4 – Pension Plan Provisions (Continued) - Defined Benefit Provisions**

**6. Does the plan provide a bridging supplement on retirement before age 65?**  Yes  No

If yes, Plan text reference: \_\_\_\_\_

**7. Does the plan provide disability benefits?**  Yes  No

If yes, Plan text reference: \_\_\_\_\_

**8. What is the normal retirement age under the plan?** (check one) - *If the normal retirement age is different for different classes of employees, please provide that detail under "other".*

Plan text reference: \_\_\_\_\_

- All employees - Age \_\_\_\_
- Other: \_\_\_\_\_

**9. Does the plan provide a special retirement age whereby there would be no reduction in pension?** (check all the conditions that apply) - *If this early retirement age is different for different classes of employees, please check "other" and provide that detail under "other".*

Plan text reference: \_\_\_\_\_

- Not applicable – no special treatment
- Age \_\_\_\_
- Years of service \_\_\_\_
- Age plus service equals \_\_\_\_
- Other: \_\_\_\_\_

**If more than one of the above is indicated, which conditions must apply:**  All  Either

**10. Does the plan provide an early retirement age whereby there would be a reduction in pension?** (check all the conditions that apply) - *If this early retirement age is different for different classes of employees, please check "other" and provide that detail under "other".*

Plan text reference: \_\_\_\_\_

- Not applicable – no special treatment
- Age \_\_\_\_
- Years of service \_\_\_\_
- Age plus service equals \_\_\_\_
- Other: \_\_\_\_\_

**If more than one of the above is indicated, which conditions must apply:**  All  Either

**11. Does the plan provide for automatic (contractual) adjustments to pensions?** (check one) - *If different a formula is used for pensions-in-pay than for deferred pensions, give formula for pensions-in-pay.*

Plan text reference: \_\_\_\_\_

- No automatic adjustment provided for in plan
- Based on full consumer price index (CPI)
- Based on partial CPI
- Based on excess interest earnings
- Percentage increase \_\_\_\_% (not based on CPI)
- Other: \_\_\_\_\_

**Schedule 4 – Pension Plan Provisions (Continued) - Defined Benefit Provisions**

**12. Death benefits after retirement – normal form of pension for member or former member without a spouse**

Plan text reference: \_\_\_\_\_

a. What is the normal form of pension for a member or former member who does not have a spouse? (check one)

- Life annuity
- Pension guaranteed for \_\_\_\_ months
- Other:

\_\_\_\_\_

**13. Death benefits after retirement – normal form of pension for a member or former member with a spouse**

Plan text reference: \_\_\_\_\_

a. Is a joint and survivor pension provided, if not waived?

- Yes, at \_\_\_\_% of retiree's pension
- No

b. If yes, is the initial pension benefit reduced to provide this type of benefit?  Yes  No