

SPECIMEN Application for Registration of a Pension Plan (Application)

**All Applications must be submitted to FCAA via the
Registration and Licensing System (RLS)**

**The fields found throughout this SPECIMEN Application
identify data that you will need to know prior to being able
to complete the Application via RLS.**

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)

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

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")	

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5 – Participating Employers

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

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)

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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 defined 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

Salaried

Hourly

Union

Non-union

Supervisory

Executives (including connected persons / specified individuals)

Other (describe): _____

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? _____

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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				
Totals	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).

13 – Certification

- If service provider assisted with AIR, service provider declaration section.
- Administrator certification section. Administrator payment section.

Schedule 1 - Participating Employers

Employer's name

You will list each separately

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

Schedule 2 – Fund Holder - Individual Trustees

Trustee name

You will list each separately

Schedule 3 – Pension Plan Provisions – Defined Contribution Provisions

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

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): _____

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): _____

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

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

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