



**Section 2 – PLAN SPONSOR**

<b>Employer's Name</b> (If more than one participating employer in the plan complete Appendix 2)			
<b>Mailing Address</b>			
<b>Telephone Number</b>		<b>Corporate E-mail</b> (must be filed in)	
<b>Has the above mailing address changed within the last 12 months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name, Address and Telephone Number of Fund Holder/Custodian</b>			
<b>Name, Address, Telephone Number and Email address of Consultant</b>			
<b>Name and Address of Actuary</b> (if different from consultant)			

**Section 3 - ADMINISTRATIVE DOCUMENTATION**

<p>Were any amendments made to this pension plan, supporting documents, or fund during the fiscal year under review?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" please provide the amendment number(s), by-law(s) and/or resolution date(s) _____</p>
<p>Does the pension plan have a written statement of investment policies and procedures which complies with section 3.23 of the Regulation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the plan's written statement of investment policies and procedures been established or reviewed in the fiscal year covered by this return please provide a copy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Note:</b> If yes, a copy of the amendment, or of the statement as amended, must be provided to each person or organization entitled to a copy.</p>
<p>Has the plan's audited financial statement as required by section 3.28 of Regulation been filed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required</p>

**Section 4 - CONTRIBUTIONS**

Please refer to the Guide to Completing Annual Information Return (p. 9) for information on how to complete this section.

<b>MEMBER CONTRIBUTIONS</b>			
	<b>Defined Benefit (DB)</b>	<b>Defined Contribution (DC)</b>	<b>Total DB and DC</b>
Member Required	\$	\$	\$
Member Voluntary	\$	\$	\$
Optional Ancillary (DB only)	\$	N/A	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>EMPLOYER CONTRIBUTIONS (excluding special payments)</b>			
	<b>Defined Benefit (DB)</b>	<b>Defined Contribution (DC)</b>	<b>Total DB and DC</b>
Employer Required (for DB plans Normal cost)	\$	\$	\$
Less surplus utilized (DB plans) only	\$	N/A	\$
Employer Required (for DB plans Normal Cost not funded by surplus)	\$	N/A	\$
Interest on late contributions	\$	\$	\$

For pension plans with a defined benefit provision, were the payments shown above determined in accordance with the formulas in the last cost certificate filed with the commission?  Yes  No

If "No" please explain any differences

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<b>SPECIAL PAYMENTS (Defined Benefit Provision only)</b>				
<b>Type of Payment</b>	<b>Date Established per Last filed Cost Certificate</b>	<b>Unfunded Liability or Solvency Deficiency per Last filed Cost Certificate</b>	<b>Payments Required for the Plan Fiscal Year per Last filed Cost Certificate</b>	<b>Payments Made for the Plan Fiscal Year</b>
Unfunded Liabilities		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Solvency Deficiencies		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Sub Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
Lump sum payments to fund Transfer Deficiency	N/A	N/A	N/A	\$
Interest on late contributions	N/A	N/A	N/A	\$
Payments due to filling of new valuation	N/A	N/A	\$	\$
<b>Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the commission? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No" explain any changes \_\_\_\_\_  
 \_\_\_\_\_

**Section 5 - PLAN MEMBERSHIP**

<b>TOTAL MEMBERSHIP</b>	
(a) Number of active members as at the plan's previous year end	
(b) New entrants (employees who joined the plan during the plan year)	
<b>(c) Subtotal: (a + b)</b>	
<b>Exits, employees who ceased to be active during the plan year for the following reasons</b>	
(d) Retirements	
(e) Death	
(f) Termination of membership in the plan	
<b>(g) Subtotal: (d + e + f)</b>	
<b>Total number of active members at the end of plan year (c – g)</b>	
Pensioners and beneficiaries receiving a benefit from the plan	
Former members and beneficiaries entitled to, but not yet in receipt of a benefit	

<b>ACTIVE PLAN MEMBERS ON PAYROLL</b>		
<b>Designated Province - Area of Employment</b>	<b>Active Plan Members on Payroll</b>	
	<b>Male</b>	<b>Female</b>
Alberta		
British Columbia		
Manitoba		
New Brunswick		
Newfoundland and Labrador		
Northwest Territories		
Nova Scotia		
Nunavut		
Ontario		
Prince Edward Island		
Quebec		
Saskatchewan		
Yukon Territory		
Employment under federal jurisdiction		
Outside Canada		
<b>Total</b>		

**Section 6 - FILING FEE**

<b>FILING FEE</b>	
In accordance with subsection 3.26(1) of the Regulation, a fee is required in respect of each active plan member on payroll in a designated Province and area of employment but in no event less than \$120.00. A fee is not required if there are no active plan members.	
<b><u>Number of Active Plan Members</u></b>	<b><u>Fee</u></b>
1 – 16	\$ 120.00 (minimum)
17 – 2499	\$ 7.20 (per member)
2500 and over	\$18,000.00 (maximum)
<i>(Example: 17 employees x \$7.20 = \$122.40)</i>	
Filing fee remitted \$ _____	

**Section 7 - INDEXATION**

<b>INDEXATION (Defined Benefits Provision Only)</b>
Were adjustments made to pensions in pay during the plan year covered by this return? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for adjustment(s)</b> <input type="checkbox"/> regular adjustment of benefits as required by plan document <input type="checkbox"/> pursuant to a collective agreement <input type="checkbox"/> voluntarily by employer <input type="checkbox"/> other (explain) _____
<b>Basis for adjustment(s)</b> <input type="checkbox"/> full Consumer Price Index <input type="checkbox"/> partial Consumer Price Index <input type="checkbox"/> excess interest formula (adjustments based on excess earnings on the pension fund) <input type="checkbox"/> percentage increase (not based on CPI) <input type="checkbox"/> flat dollar amount \$ _____ annually <input type="checkbox"/> other (explain) _____

**Section 8 - CERTIFICATION**

**ADMINISTRATOR'S CERTIFICATION**

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

- (a) the contributions paid to the pension plan or fund are at least equal to those required under the Regulation;
- (b) the plan or fund and the investments thereof have been administered in accordance with the Act and Regulation;
- (c) the plan complies with and is being administered in accordance with the Income Tax Act and Regulation;
- (d) the details entered on this information return are true and correct;
- (e) I am the authorized person who represents the plan administrator as defined in section 28.1 of the Act and as identified on page 1 of the Annual Information Return as the Administrator of the Plan.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (PRINTED)

\_\_\_\_\_

Title or Position

## APPENDIX 1 – PENSION COMMITTEE MEMBERS

List all pension committee members at the plan fiscal year end along with a designation code as follows:

- A – active voting member
- N – non-active voting member
- E – employer
- AN – active non-voting member
- NN – non-active non-voting member

	NAME	CODE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

## APPENDIX 2 – CHANGE IN PARTICIPATING EMPLOYERS

List only additions and deletions during the fiscal year to the list of participating employers last filed with the Office of the Superintendent – Pension Commission. **PLEASE REPORT CHANGES ONLY**

### ADDITIONS

	Name of Participating Employer	Effective Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

### DELETIONS

	Name of Participating Employer	Effective Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



Canada Revenue Agency Schedule

1. Identification

Canada Revenue Agency Registration Number

Is the location of books and records the same as the mailing address? Yes No

If no,

Company Name: Address:

City/Town: Province: Postal Code:

2. Financial Data (Plan Year)

Table with 2 columns: Description and Line number. Rows include: Amounts transferred in from other plans (Line 1), Net investment earnings (losses) (Line 2), Payment of benefits (Line 3), Transfer of benefits to other plans (Line 4), Assets (market value) at beginning of the plan year (Line 5), Assets (market value) at end of plan year (Line 6), Actuarial Liabilities resulting from plan obligations (Line 7), Date of actuarial liability assessment (Line 8).

3. Did the pension plan terminate or become inactive in this year or in a previous year?

Yes No

If yes, what was the:

effective date of plan termination: YYYY / MM / DD, and if applicable,

date of final distribution of funds: YYYY / MM / DD

If you answered yes, you can go directly to "Certification" on the main form.

4. How many active members were persons connected with the employer?

(Note: Only connected members as described in point #4 in the "How to Complete the Canada Revenue Agency Schedule" should be reported)

5. How many employers participated in the plan at plan year end?

Specified Multi-employer plans, go to "Certification". Multi-employer plans, go to 9. Other plans continue with 6.

6. Did any member of this plan participate:

- in any other RPP or DPSP provided by this plan sponsor? Yes No; or
in a RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor? Yes No

7. Have any connected persons joined or left the plan in the plan year? Yes No

8. In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan? Yes No N/A

Money Purchase plans, go to "Certification". Other plans continue with 9.

9. Were any plan members provided with post-1989 past-service benefits in the plan year? Yes No

10. Have any plan members who are connected persons been provided with pre-1992 past-service benefits in the plan year? Yes No

PLEASE SEE CERTIFICATION (page 6)



# GUIDE TO COMPLETING ANNUAL INFORMATION RETURN

## SECTION 1 - PLAN ADMINISTRATOR

- Registration number - number assigned by Canada Revenue Agency.
- The date which is known as the fiscal year end date of the plan as outlined in the plan document. If a change does occur, a plan amendment is required.
- If an administrator is submitting the first Annual Information Return, information entered on the form should be for the period from the effective date of the plan up to the plan year end.
- If the plan has been in effect for less than six months as at the year-end an Annual Information Return will not be required until the following year end.
- If the plan has been in effect for six months or more as at the plan year end, an Annual Information Return will be required for that period.
- If a plan is terminated within three months of the plan year end an Annual Information Return is not required.
- If a plan is terminated more than three months after the plan year end an Annual Information Return is required.
- Indicate the plan administrator as per subsection 28.1(1) of the Act.
- If the administrator is a pension committee, complete Appendix 1.

## SECTION 2 - PLAN SPONSOR

Self explanatory

## SECTION 3 – ADMINISTRATIVE DOCUMENTATION

Self explanatory

## SECTION 4 - CONTRIBUTIONS

### Member Contributions

- **Member Required:** Monies paid by active member(s) in respect of the year under review. (If members are not required to contribute to the plan, indicate (N/A)).
- **Member Voluntary:** Monies paid by active members on a voluntary basis. Indicate (N/A) if no monies were paid.
- **Optional Ancillary (DB only):** Monies paid by active member in addition to the required contributions to be used to convert to optional ancillary benefits. Indicate (N/A) if no monies were paid.
- **Total:** Add required, voluntary and optional ancillary contributions.

### Employer Contributions

- **Employer Required/Normal Cost for DB plans:** Monies paid by the employer in respect of the year under review and which is required under the terms of the plan or agreement.
- For plans with a DB provision, in accordance with the Cost Certificate filed with the commission. - Surplus - includes any surplus used to offset the normal cost.

### Special Payments (Defined Benefits Provision only)

- This section refers to special payments made to or under a pension plan for the purpose of liquidating an initial unfunded liability or solvency deficiency for the period applicable thereto. Also, for reporting any other contributions other than normal cost made to the plan for the year under review. (Please refer to section 4.18 of the regulation for a detailed explanation of this section).
- **Unfunded liabilities:** Results from liabilities established for a new plan at the date registration is applied or benefit improvements to the plan necessitate additional funding.
- **Solvency Deficiency:** Arises when an actuarial valuation shows a deficit.
- **Transfer Deficiency:** Arises when the solvency ratio is less than 1 and is the amount by which the commuted value of a benefit exceeds the product of that commuted and the solvency ratio.
- **Payment due to filing of new valuation:** Contributions required under subsection 4.18(4) of the regulation that are required after an actuarial valuation report is filed under section 4.15 of the regulation including interest.

**SECTION 5 - PLAN MEMBERSHIP**

- **Number of Active Members:** In (a) this amount should reflect the total number of active members reported in the previous year's Annual Information Return. (If the plan has not been in effect for one year at the time the Annual Information Return is being completed, indicate nil under this section).
- **New Entrants:** In (b) provide the total number of employees who joined the plan during the year under review.
- **Exits:** In (d), (e) and (f) provide the number of members who exited the plan during the year under review, e.g, retirements, deaths and termination of membership.

**SECTION 6 - FILING FEE**

Calculate filing fee based on fee schedule.

**SECTION 7 - INDEXATION**

Indicate if any adjustments were made to the pensions in payment during the plan year under review and indicate the reason and basis for the adjustment.

**SECTION 8 – CERTIFICATION**

Self explanatory

## **How to Complete the Canada Revenue Agency Schedule**

1. Enter the seven digit Canada Revenue Agency Registration Number
2. Note that the sum of line 1 to 4 may not equal the difference in the asset values at the beginning and end of the plan year. Enter the following information:

Line 1 - total amounts transferred in from other RPPs, DPSPs and RRSPs

Line 2 - net investment earnings or net losses

Line 3 - total amount of benefits paid to beneficiaries

Line 4 - total amount of all transfers to other plans including RPPs, RRSPs and RRIFs

Line 5 - market value of assets at the beginning of the plan year, (for public sector plans only, provide the book value when the market value is unavailable).

Line 6 - market value of assets at the end of the plan year, (for public sector plans only, provide the book value when the market value is unavailable).

Line 7 - total actuarial liability based on a funding method that matches contributions with accrued benefits on a reasonable basis.

Line 8 - date of the last calculation of actuarial liability from plan obligations.

3. A plan terminated when contributions have ceased and members have ceased to accrue benefits.

An inactive plan is one that has been terminated by the plan sponsor but the total plan funds have not been disbursed. Examples of inactive plans include those that:

- have no active plan membership, but the employer is continuing to pay pension benefits from the fund;
- are on a paid-up basis but retain registration with the Department.

4. A connected person is generally one who:

- owns directly or indirectly, 10% or more of the issued shares of any class of the capital stock of the employer or a related corporation;
- does not deal at arm's length with the employer; or
- is a specified shareholder of the employer by reason of subsection 248(1) of the *Income Tax Act*.

After Question 5, specified multi-employer plans (SMEP) go to "Certification."

A SMEP has the following characteristics:

In general terms a SMEP is a multi-employer plan where employer contribution rates are negotiated under a collective bargaining agreement and contributions are based on hours worked by an employee. For a complete definition of a SMEP, please refer to section 8510 of the *Income Tax Act*.

After Question 5, multi-employer plans (MEPs) go to Question 9

A MEP is a plan for which, at the beginning of the year, it is reasonable to expect that at no time in the year will more than 95% of the active plan members be employed by a single employer or by a related group of participating employers. For a complete definition of a MEP, please refer to section 8500(1) of the *Income Tax Regulations*.

7. See definition of connected person in Question 4 above.
8. If the sponsor providing the plan is a corporation, indicate if the corporation underwent a change of control during the plan year. When the sponsor is not a corporation, check the box for "Not Applicable."

**If you require more information about this Schedule, please contact the Canada Revenue Agency General Enquiries service at (613)954-0419**