



Annual Information Return

Form 2 - Approved by the Chief Executive Officer of Financial Services pursuant to the *Pension Benefits Act*, R.S.O 1990, c.P.8, as amended (the "PBA")

Identification

Registration Number		Name of Pension Plan			
Plan Type	Benefit Type	Plan Reporting Period			Language
		Year	Month	Day	
<input type="radio"/> Single-Employer <input type="radio"/> Individual Pension Plan <input type="radio"/> Multi-Employer <input type="radio"/> Single-Employer Jointly-Sponsored <input type="radio"/> Multi-Employer Jointly-Sponsored	<input type="radio"/> Defined Benefit <input type="radio"/> Target Benefit <input type="radio"/> Defined Contribution <input type="radio"/> Combination of Defined Benefit and Defined Contribution <input type="radio"/> Combination of Target Benefit and Defined Contribution	To Year Month Day			<input type="radio"/> English <input type="radio"/> French/français
		To Year Month Day			

Plan Administrator – Name and Mailing Address

Contact

Title

Company Name

Address

City	Province/State	Postal Code/Zip Code	Country
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Telephone Number	Extension	Fax
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Plan Sponsor – Name and Address

Name

Address

City	Province/State	Postal Code/Zip Code	Country
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Telephone Number	Extension	Fax	Email
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Pension Fund Trustee (Including Insurance Company) – Name and Address

Trustee Individuals Corporate

Type Insurance company Trustee Other (specify)

Name

Address

City	Province/State	Postal Code/Zip Code	Country
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Telephone Number	Extension	Fax
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Custodian (Organization Holding Pension Fund Assets) – Name and Address

Is there more than one Custodian? Yes No

Name

Address

City	Province/State	Postal Code/Zip Code	Country
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Telephone Number	Extension	Fax
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Location of Books or Records

Select if same as Plan Administrator's address. Otherwise complete address below.

Name

Address

City	Province/State	Postal Code/Zip Code	Country
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Collective Bargaining Agent (if applicable) – Name and Address

Name

Address

City	Province/State	Postal Code/Zip Code	Country
Telephone Number	Extension	Fax	

Participating Employer (if applicable) – Name and Address

Name

Address

City	Province/State	Postal Code/Zip Code	Country
Telephone Number	Extension	Fax	

Employers at the End of the Reporting Period

How many employers participate in the plan at the end of the reporting period?

Funding Information for the Reporting Period

Required contributions based on the most recent Form 7 or Actuarial Report:

Employer normal cost/current service contributions	101	\$
Plus: Employer special payments	+ 102	
Less: Reduction of employer required contributions	- 103	
Less: Other Adjustments	- 104	
Total employer required contributions	= 105	
Member required contributions	106	
Less: Reduction of member required contributions	- 107	
Less: Other Adjustments	- 108	
Total member required contributions	= 109	

Actual contributions made in respect of the reporting period:

Employer contributions	110	
Member contributions	111	
Member additional voluntary contributions	112	

Information for Defined Contribution (DC) Plans or DC Components of Plans

Does this plan provide auto-enrollment to eligible DC members? Yes No

Does this plan provide for auto-escalation of DC member contributions? Yes No

Does this plan permit variable benefit payments in retirement? Yes No

If Yes, number of retired members with variable benefit accounts

Number of investment fund options offered to DC members

Type of default DC investment fund: Select one: Target Date, Target Risk, Money Market, Fixed Income, Balanced Fund, Other (Provide Details)

Other

Average of all fees across all DC investment funds (no weighting) (%)

Range of all fees:

Lowest Fee (%)

Highest Fee (%)

Do any DC investment funds indicate they consider ESG factors? Yes No

Active Membership Information at the End of the Reporting Period

Indicate the number of active members by location/area of employment and sex, as well as the number of those active members in each jurisdiction whose employment falls under federal jurisdiction, i.e. included employment (refer to [AIR User Guide](#) for more details). Please note that this version of the AIR does not use fields 126a, 126b, and 126c.

Location or Area of Employment / Sex	Male		Female		Total	Included Employment (Federal) (portion of Total)	
Ontario	113a		113b			113c	
Newfoundland & Labrador	114a		114b			114c	
Prince Edward Island	115a		115b			115c	
Nova Scotia	116a		116b			116c	
New Brunswick	117a		117b			117c	
Quebec	118a		118b			118c	
Manitoba	119a		119b			119c	
Saskatchewan	120a		120b			120c	
Alberta	121a		121b			121c	
British Columbia	122a		122b			122c	
Northwest Territories	123a		123b			123c	
Yukon Territory	124a		124b			124c	
Nunavut	125a		125b			125c	
Outside Canada	127a		127b			127c	
Subtotal	128a		128b			128c	
Total number of active plan members (add 128a and 128b)					129		

Active Membership by Benefit/Status Type

Indicate the number of active pension plan members split by the applicable benefit/status type (refer to [AIR User Guide](#) for more details).

A	Defined Contribution (DC) Only	Number of Active Members
1	Defined Contribution Only	

B	Defined Benefit (DB) or Target Benefit (TB)	Number of Active Members
1	Defined Benefit Only – Open & Accruing	
2	Defined Benefit Only – Closed & Accruing	
3	Defined Benefit Only – Closed & Frozen	
4	Target Benefit Only	

C	Defined Benefit/Target Benefit and Defined Contribution	Number of Active Members (No double counting of memberships)
1	Defined Benefit (any DB provision Open & Accruing) / Defined Contribution	Members with both DB and DC benefits
		DB Only Members
		DC Only Members
2	Defined Benefit (all DB provision Closed & Accruing) / Defined Contribution	Members with both DB and DC benefits
		DB Only Members
		DC Only Members
3	Defined Benefit Only (all DB provision Closed & Frozen) / Defined Contribution	Members with both DB and DC benefits
		DB Only Members
		DC Only Members
4	Target Benefit/Defined Contribution	TB Only Members
		DC Only Members
5	Other (including Hybrid Plans)	

Membership Reconciliation

Plan Members at end of previous reporting period	130	
Plan Members who joined the plan during this reporting period	131	
Subtotal (130 + 131)	= 132	
Plan Members who retired during this reporting period	133	
Plan Members deceased during this reporting period	134	
Plan Members terminated due to plant closures during this reporting period	135	
Other terminations of membership during this reporting period	136	
Subtotal (133 + 134 + 135 + 136)	= 137	
Plan Members at end of reporting period (132 – 137)	138	

Former Members, Retired Members and Other Beneficiaries at the End of the Reporting Period

Indicate total number of former members, retired members and other beneficiaries	139	
Indicate number of former members, retired members and other beneficiaries in Ontario	140	

Missing Members Information

Are there any missing or unlocatable former members, retired members or other beneficiaries with entitlements under this plan? Yes No

	Number of Missing Members	Total Estimated Value of Benefits (\$)	Estimated Average Monthly pension (per missing member) (\$)
All missing members			Not required for DC members
Missing DB/TB members over age 100			
Missing DB/TB members at or above earliest retirement age			
Missing DB/TB members with "small benefits"			
New missing DB/TB members identified this reporting period			
Missing DC members over age 100			Not required
Missing DC members at or above earliest retirement age			Not required
Missing DC members with "small benefits"			Not required
New missing DC members identified this reporting period			Not required

Pension Fund Information

Amounts transferred in from other plans	141	\$
Payment of benefits from the plan	142	
Transfer of benefits to other plans	143	
Market value of assets at beginning of reporting period	144	
Market value of assets at end of reporting period	145	
Net investment earnings (losses)	146	

Confirmation of Compliance

(a) Has any of the following information changed in this reporting period? Yes No
 If yes, please check appropriate box(es):

Plan Year End Plan Name Pension Fund Trustee
 Plan Administrator Plan Provisions Custodian
 Plan Sponsor Other (specify): _____

(b) Have you filed an amendment with the changed information? Yes No N/A

(c) Have you filed a Pension Fund or Plan Financial Statement for this reporting period? Yes No

(d) If plan assets are \$10 million or more, was an auditor's report filed? (Not applicable for DC plans) Yes No N/A

If you answered "No" to (b) , (c) , or (d), the documents must be filed on the Pension Services Portal

(e) If this pension plan is a Multi-Employer Pension Plan, please forward a list of the names and addresses of the members of the Board of Trustees to Pensioninquiries@fsrao.ca and indicate which are plan member representatives.

(f) Have the pension plan and pension fund been administered in compliance with the PBA and Regulation 909, R.R.O. 1990, as amended, for the reporting period covered by this form? Yes No

If "No", please send an explanation to Pensioninquiries@fsrao.ca indicating the registration number of the plan in question, the AIR filing period and reference question (f) under Confirmation of Compliance in your e-mail.

Certification

As the authorized representative of the Administrator of the above noted pension plan, I certify that all the information presented on this form is true to the best of my knowledge and belief.

Name of the authorized representative of Plan Administrator _____

Employer of authorized representative of Plan Administrator _____

Phone number of authorized representative _____

Email address of authorized representative _____ Dated (yyyy/mm/dd) _____



Registration Number	Name of Pension Plan
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Plan Reporting Period:

Year

Month

Day

 To:

Year

Month

Day

Canada Revenue Agency Information

1. Did the pension plan terminate or become inactive prior to or in this reporting period?

Yes No If yes, enter Date of Termination

Date of Termination

201	Year	Month	Day
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If all the assets were distributed pursuant to the termination of the plan, enter the Date of Final Distribution

Date of Final Distribution

202	Year	Month	Day
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NOTE

- If question 1 is Yes, no further questions.
- All other plans continue with question 2.

2. Actuarial liabilities resulting from plan obligations

203	\$
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3. Date of last actuarial assessment

204	Year	Month	Day
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4. How many active members are persons connected with the employer?

205	
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NOTE

- Multi-employer plan, proceed to question 9.
- Specified multi-employer plan, no further questions.
- All other plans continue with question 5.

5. Did any member of this plan participate in any other registered pension plan or deferred profit-sharing plan provided by this plan sponsor? Yes No

6. Did any member of this plan participate in any other registered pension plan or deferred profit-sharing plan of any other sponsor who does not deal at arm's length with this plan sponsor? Yes No

7. Have any connected persons joined or left the plan in this reporting period? Yes No

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

NOTE

- Defined contribution plan, no further questions.
- All other plans continue with question 9.

9. Were any plans members provided with post-1989 past service benefits in this reporting period? Yes No

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