

## **Asset Transfer Application Summary (Transfers under PBA s. 80 and 81)**

### **Information about the original plan**

Registration No.:

Administrator:

Plan name:

### **Information about the successor plan**

Registration No.:

Plan name:

1. Confirm if the transfer is pursuant to section 80 [ ] or section 81 [ ] of the PBA.
2. For a section 80 transfer, confirm whether member consent is required: Yes [ ] No [ ]
3. Effective date of proposed asset transfer: \_\_\_\_\_

### **4. Transfer requirements**

Please confirm that the following requirements have been met:

- a) The relevant parties have entered into a transfer agreement (and any amendments to it) and/or have a document that indicates that the administrators of both plans have agreed on how to determine the assets to be transferred, and FSRA has been provided a copy. [ ]
- b) Amendments to the original plan to effect the transfer have been filed with FSRA. [ ]
- c) Amendments to the successor plan to effect the transfer have been filed with FSRA. [ ]
- d) The successor plan provisions do not permit the reduction of pension benefits or ancillary benefits in circumstances which the original plan would not be permitted to reduce them [ ]
- e) The Application was submitted within 9 months of the Effective Date to FSRA's Chief Executive Officer, or within the time frame of an approved extension. [ ]
- f) Any portion of the transfer that is subject to the requirements of a jurisdiction other than Ontario complies with the requirements of the other jurisdiction and/or with any agreement between jurisdictions that may also apply to the transfer. [ ]

### **5. Nature of original plan benefits to be transferred:**

- a) SEPP [ ] MEPP [ ]
- b) DB [ ] DB and DC [ ]

c) Transfer of: DB: Full ☐ Partial ☐ DC: Full ☐ Partial ☐

**6. Nature of benefits in the Successor Plan**

a) SEPP ☐ MEPP ☐

b) DB ☐ DB and DC ☐

c) Will the active members' benefits accrued prior to the effective date be replicated under successor plan? Yes ☐ No ☐

d) Confirm that the pension benefits provided under the original plan for former members, retired members and other persons entitled to benefits will be replicated under the successor plan: Yes ☐ No ☐

**7. Notices for the proposed transfer**

a) For Ontario regulated members

- Standard notices were transmitted to all transferring members of the original plan  
Yes ☐ No ☐
- Standard notices were transmitted to all transferring members, former members, retired members and other persons entitled to benefits of the successor plan Yes ☐ No ☐
- Standard notices were transmitted to a trade union/advisory committee that represents plan members in the original plan ☐
- Standard notices were transmitted to a trade union / advisory committee that represents plan members in the successor plan ☐
- Special notices were transmitted to all transferring members, former members, retired members and other persons entitled to benefits of the original plan  
Yes ☐ No ☐ N/A ☐
- All notices were given jointly Yes ☐ No ☐
- All notices were sent within the timeframe set out in the Regulation ☐
- The notices contained all information required in the Act and Regulation Yes ☐ No ☐

b) For non-Ontario regulated members

- Notices comply with requirements of applicable jurisdiction(s) Yes ☐ No ☐ N/A ☐

**8. Additional Information**

Any additional information relevant to the application should be attached to the application.

**Declaration of Original Plan administrator:**

I certify that:

1. I am an authorized representative or agent of the original plan administrator.
2. The original plan satisfies the requirements of the Act and Regulations including the legislation of the respective jurisdiction(s) as applicable relating to the proposed transfer.
3. The information provided herein with respect to the original plan is, to the best of my knowledge and belief, and after making diligent inquiry, accurate and true.
4. I acknowledge that as an authorized representative or agent of the original plan administrator, I am subject to the standards set by section 22(1) and (2) of the PBA.

---

Name of authorized representative or agent of Original Plan administrator (please print)

---

Signature of authorized representative or agent of Original Plan administrator

---

Date

---

**Declaration of the Successor Plan administrator:**

I certify that:

1. I am an authorized representative or agent of the successor plan administrator.
2. The successor plan satisfies the requirements of the Act and Regulations including the legislation of the respective jurisdiction(s) as applicable relating to the proposed asset transfer.
3. The information provided herein with respect to the successor plan is, to the best of my knowledge and belief, and after making diligent inquiry, accurate and true.
4. I acknowledge that as an authorized representative or agent of the successor plan administrator, I am subject to the standards set by section 22(1) and (2) of the PBA.

---

Name of authorized representative or agent of Successor Plan administrator (please print)

---

Signature of authorized representative or agent of Successor Plan administrator

---

Date