

# DFC1 – Election Form to Defer Certain Contributions

(Under Section 113.2 of the *Pension Benefits Act*)

Approved pursuant to the *Pension Benefits Act* (R.S.O. 1990, c. P.8)

Use this form to elect to defer certain contributions pursuant to section 4.1 of Regulation 909 of the [Pension Benefits Act](#). This form should be submitted to FSRA with a completed Schedule to Defer Certain Contributions.

## General Information

An employer of a pension plan that is not an ineligible plan, as described in subsection 4.1(25) of Regulation 909, may elect to defer one or more of the consecutive monthly payments of employer contributions that are due during the period beginning on October 1, 2020 and ending on March 31, 2021. Follow this link for the regulation [Reg. 520/20](#).

## Part 1 - Identification

Registration Number	Name of Pension Plan
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Employer(s)

Plan Administrator

## Part 2 - Payments Deffered

Complete the [Schedule to Defer Certain Contributions](#) to define the details of the amounts and repayment.

Specify which monthly payment or payments are being deferred:

## Part 3 - Election and Certification by Employer

As a duly authorized representative of the Employer, on behalf of the Employer, I hereby elect to defer certain contributions as set out herein and in the schedule which accompanies this election and certify that:

- a) the Employer acknowledges that the deferral of contributions requested above does not affect its obligation under subsection 4(4) of Regulation 909 in relation to the payments required in respect of the period beginning on April 1, 2021 and ending on March 31, 2022,
- b) the Plan is not an “ineligible plan” as defined in section 4.1 of Regulation 909; and
- c) the information contained in this Election to Defer Certain Contributions is true, accurate and complete to the best of my knowledge and belief after diligently informing myself.

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**Person signing on behalf of the Employer**

Last Name	First Name
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Employer Name
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Title/Position
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Telephone Number	Email
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**Address of Person signing on behalf of the Employer**

Unit Number	Street Number	Street Name
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City/Town	Postal Code	Province
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**Signature**

Date (yyyy/mm/dd)	Signature
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**How to submit this form**

Email the completed Election Form and Schedule to: [PensionInquiries@fsrao.ca](mailto:PensionInquiries@fsrao.ca)