



# Form 15 - PBA Exemption Election Form

For purposes of section 101.1 of the *Pension Benefits Act* (R.S.O. 1990, c. P.8) (the "PBA")
Approved pursuant to section 113.2 of the PBA

## **General Information**

An employer of a pension plan that is an individual pension plan ("IPP") or a designated plan for purposes of the *Income Tax Act* (Canada) must use this form if it wishes to elect that the plan be exempt from the application of the *Pension Benefits Act* ("PBA"), regulations made under the PBA and rules made by the Financial Services Regulatory Authority of Ontario ("FSRA") under the PBA (except as necessary to give effect to section 101.1 of the PBA). The requirements set out in this form (and section 101.1 of the PBA) must be satisfied at the time this PBA Exemption Election Form is submitted to FSRA. This form must be submitted to FSRA along with all applicable Consent Forms for persons described in Part 2 of this form (see Form 15.1, Form 15.2 and Form 15.3).

#### **How to submit this PBA Exemption Election Form:**

Email the completed PBA Exemption Election Form and all completed and signed Consent Forms to <a href="mailto:pensioninquiries@fsrao.ca">pensioninquiries@fsrao.ca</a>.

Part 1 - Plan Identification	
Name of Pension Plan (the "Plan")	
Registration Number	
Employer Name	
Plan Administrator Name	
Part 2 - Number of Affected Plan Individuals	
A. The number of Members, Former Members and Retired Members:	
Note: a separate complete and signed Consent Form: Member (Form 15.1) must be attached to this PBA Exemption Election Form for each Member, Former Member and Retired Member of the Plan.	
B. The number of people who are Spouses of any person described in A. above who are not themselves a Member, Former Member or Retired Member, and who are not living separate and apart from the Member, Former Member or Retired Member on the date they signed the Consent Form:	
Note: a separate complete and signed Consent Form: Spouse (Form 15.2) must be attached to this PBA Exemption Election Form for each such Spouse.	
C. The number of Other Persons not described above in A. and B. who are entitled to pension benefits under the Plan:	
Note: a separate complete and signed Consent Form: Other Person (Form 15.3) must be attached to this PBA Exemption Election Form for each Other Person entitled to pension benefits under the Plan.	

Effective Date of the F the PBA and FSRA ru					ulations made under			
Note: the Effective Date must be at least 14 days, but no more than 60 days, after this PBA Exemption Election Form is filed with FSRA.								
Part 4 - Employer's Election and Acknowledgement								
I am an authorized representative of the employer of the Plan identified in Part 1 of this PBA Exemption Election Form (the "Employer").								
	ade under the PE	BA and t	he FSRA rul	les made under the F	be exempt from the application of the PBA (except as necessary to give effect			
person may become a	member of the P	lan unles	ss the perso	n is connected with t	Form is filed with FSRA, no he Employer within the meaning of the Plan.			
Person signing on be	half of the Empl	oyer		1				
Last Name				First Name				
Title/Position								
Employer Name								
Unit Number Street Number S		Street Name						
City		Postal Code		Province				
Telephone Number E-mail A			Address					
Signature								
Date (yyyy/mm/dd) Signature			ire					

Part 3 - Effective Date of Exemption

#### Part 5 - Plan Administrator's Certification

I am an authorized representative of the administrator of the Plan identified in Part 1 of this PBA Exemption Election Form (the "Administrator").

On behalf of the Administrator and in support of the Employer's election under section 101.1 of the PBA, I certify that as of the date this PBA Exemption Election Form is filed with FSRA:

- a) the Plan is an IPP or designated plan for purposes of the Income Tax Act (Canada);
- b) every member of the Plan, if any, is connected with the Employer within the meaning of subsection 8500(3) of the Income Tax Regulations (Canada) ("ITR");
- every former member of the Plan, if any, and every retired member of the Plan, if any, was connected with the Employer within the meaning of subsection 8500(3) of the ITR immediately before becoming a former member or retired member, as the case may be;
- d) the following persons have consented to the exemption described in this PBA Exemption Election Form, as provided under section 101.1 of the PBA and as evidenced by the attached Consent Forms:
  - i. every member, former member and retired member of the Plan;
  - ii. every person who, on the day they give their consent, is not a member, former member or retired member of the Plan but is a spouse of a member, former member or retired member of the Plan who is not living separate and apart from the member, former member or retired member on that day; and
  - iii. any other person entitled to pension benefits under the Plan; and
- e) the information contained in this PBA Exemption Election Form is true, accurate and complete.

Person signing on behalf of the Administrator								
Last Name				First Name				
Title/Position								
Administrator Name								
Unit Number	Street Number		Street Name					
City		Postal Code		Province				
Telephone Number E-mail A		I Address						
Signature								
Date (yyyy/mm/dd) Signatu		ire						

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