

Pension Plan Information

1. Registration Number

2. Name of Pension Plan

3. Name of Plan Employer

4. Name of Plan Administrator

5. Pension Fund Trustee(s)

6. Collective Bargaining Agent

☐ If the name of pension plan, name of plan employer, name of plan administrator, name of pension fund trustee(s), or name of collective bargaining agent is incorrect, please check this box.

7. Plan Design Features:

☐ Contributory Plan ☐ Non-Contributory Plan

Does this pension plan offer Variable Benefits?

☐ Yes ☐ No

Membership Information as at Date of Wind Up

8. Total number of defined contribution account holders:

9. Total number of defined contribution (active) members:

10. Total number of defined contribution former members:

11. Total number of defined contribution retired members:

12. Total number of defined contribution spouses and other beneficiaries with entitlements:

13. a. Estimated number of missing or unlocatable defined contribution members, former members, retired members, spouses or other beneficiaries with entitlements:

b. Estimated value of total assets for missing or unlocatable defined contribution members, former members, retired members, spouses or other beneficiaries with entitlements:

Plan with a Defined Benefit Component

14. Does the plan contain any defined benefit liabilities?

☐ Yes ☐ No

Wind Up Information

15. Effective date of wind up: _____

Has Board Resolution, plan amendment or other authorization made in accordance with the plan text already been filed with FSRA (providing for the wind up of the plan)?

☐ Yes ☐ No

If "Yes", date it was filed
(yyyy/mm/dd) _____

16. All employee (if applicable) and employer contributions remitted to the fund to the effective date of wind up:

☐ Yes ☐ No

17. Notice content and distribution complies with sections 68(2) and 68(4) of the Pension Benefits Act (PBA) (including section 28 of Regulation 909), as applicable:

☐ Yes ☐ No

18. Date notice given to members (yyyy/mm/dd): _____

19. Date member contributions were last deducted
(yyyy/mm/dd): _____

20. Date notice given to Collective Bargaining Agent
(if applicable) (yyyy/mm/dd): _____

21. Legislative requirements - The following requirements have been applied in accordance with the applicable pension benefits standards legislation:

☐ All applicable transfer and annuity purchase rights have been or will be provided to each account holder.

☐ Locking-in rules will be applied to benefits as required.

Financial Information as at Date of Wind Up

22. If this financial information is not as at the date of wind up, please indicate the date (yyyy/mm/dd) : _____

23. Total of all defined contribution account balances held in the plan, including any variable benefit account balances: _____

24. Value of any forfeitures or surplus assets held in the pension fund: _____

25. Identify amount of wind up expenses, if any, being charged to individual accounts: _____

Additional Filing Requirements

All Annual Information Returns up to the date of wind up must be filed. A final Annual Information Return for the period ending on the wind up date will be made available on the Pension Services Portal for completion.

All Financial Statements up to the date of wind up must be filed, including for the period that ends on the wind up date.

Please note that within 30 days after final distribution of the assets, the administrator must give FSRA written notice that all of the assets of the plan have been so distributed (section 29.1(4) of Regulation 909). Until all assets have been distributed, the pension fund remains subject to the PBA and Regulation 909 (see section 76 of the PBA).

If you have any questions, please contact the Pension Analyst:

Last Name	First Name
Telephone Number	E-mail Address

Certification of Compliance

I certify that:

- a) ☐ I am a person described in section 15 of Regulation 909 (Regulation) made under the Pension Benefits Act (PBA) (Choose item):
- b) ☐ I am a representative of the administrator of the pension plan.
- c) ☐ I am aware of, or have consulted with professionals who have advised me of the requirements of the PBA and Regulation, and those of any other jurisdictions that apply to one or more members, former members, retired members or other beneficiaries of the Pension Plan.
- d) ☐ To the best of my knowledge and belief, the information contained in this wind up report is true, accurate and complete.
- e) ☐ To the best of my knowledge and belief, based on the information and advice provided to me, this wind up report complies with the requirements of the PBA and Regulation.
- f) ☐ Any wind up expenses that are to be paid from the pension fund assets are reasonable and to be paid in accordance with plan terms.

After receiving this wind up report, FSRA retains the right to review the information provided, even if a system-generated automatic approval is given. If the wind up report is incomplete, inaccurate or non-compliant, FSRA may take appropriate steps to address.

Date (yyyy/mm/dd)	Signature
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