FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Asset Transfer Application Summary

(Transfers under PBA s. 80 and 81)

Information about the original plan

Plan name	Registration number

Plan administrator

Information about the successor plan

Plan name	Registration number

1. Confirm what section of the PBA the transfer is under. ◯ section 80 ◯ section 81

2. For a section 80 transfer, confirm whether member consent is required: ◯ Yes ◯ No

3. Effective date of the proposed asset transfer (yyyy/mm/dd): _____

4. Transfer requirements

Please confirm that the following requirements have been met:

a) The relevant parties have entered into an agreement (and any amendments to it) and/or have a document(s) that indicates that the parties have agreed on how to determine the assets to be transferred. FSRA has been provided a copy or relevant excerpts of the agreement and other document(s). ☐

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 Transfer of DC: ◯ Full ◯ Partial

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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

Please note – if the applicant responds "no" to a question below and is requesting (or has already requested) that FSRA exercise its discretion to allow a permitted variance from a requirement of the Regulations with respect to the Notice, please provide an explanation in the application or in an attachment to this certification:

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	◯ Yes	◯ No	◯ N/A
Standard notices were transmitted to a trade union / advisory committee that represents plan members in the successor plan	◯ Yes	◯ No	◯ N/A
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	◯ Yes	◯ No	
The notices contained all information required in the PBA 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.

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Declaration of Original Plan administrator

I certify that:

1. I am an authorized representative or agent of the original plan administrator.
2. To the best of my knowledge and belief the original plan satisfies, and the original plan employer(s) and administrator have taken actions that satisfy, the requirements of the PBA and Regulations that relate to the proposed transfer, as well as the legislation of any jurisdiction(s) other than Ontario whose legislation applies to the proposed transfer. If a requirement of the PBA and Regulations is not satisfied, an explanation is provided in the Application and where applicable a request for a waiver or variance has been made or is included in the application.
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 (yyyy/mm/dd)

Declaration of the Successor Plan administrator

I certify that:

1. I am an authorized representative or agent of the successor plan administrator.
2. To the best of my knowledge and belief the successor plan satisfies, and the successor plan administrator has taken actions that satisfy, the requirements of the PBA and Regulations that relate to the proposed transfer, as well as the legislation of any jurisdiction(s) other than Ontario whose legislation applies to the proposed transfer. If a requirement of the PBA and Regulations is not satisfied, an explanation is provided in the Application and where applicable a request for a waiver or variance has been made or is included in the application.
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 (yyyy/mm/dd)

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