FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Form 1- Application for Registration of a Pension Plan

Form 1 - Approved by the Chief Executive Officer pursuant to the *Pension Benefits Act, R.S.O. 1990, c. P.8*, as amended (PBA)

All applicable questions must be completed - type or print

Return original with registration fee - keep a copy for your records

For FSRA use only

Registration Number: _____

Assigned to: _____

Payment received: _____

Number of active plans with same sponsor: _____

Verified by: _____

1. What is the legal name of the pension plan?

Information Concerning the Pension Plan Administrator

2. Name of Plan Administrator (organization/corporation/board)

Mailing address Street Apt./Unit

City Province/State Postal Code/Zip Code Telephone number Ext.

Plan Administrator Contact
(must be the authorized employee/officer/director of the administrator of the pension plan within the meaning of section 8 of the PBA)

Name Title

Mailing address ☐ check if same mailing address as Plan Administrator.
Street Apt./Unit

City Province/State Postal Code/Zip Code

Telephone number Ext. Fax number E-mail address

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Information Concerning the Pension Plan Administrator (continued)

Plan Members Contact Person
(must be a person with delegated responsibility by the administrator to deal with plan member questions)

☐ check if same as Plan Administrator Contact

Name | Title

Mailing address
Street | Apt./Unit

City | Province/State | Postal Code/Zip Code

Telephone number | Ext. | Fax number | E-mail address

3. Indicate whether the plan administrator is:

☐ an employer or employers - go to Question 5

☐ a pension committee - go to Question 4

☐ an insurance company - go to Question 5

☐ a board of trustees - go to Question 4

☐ a corporation, a board, agency or commission made responsible by an Act of the Legislature for the administration of the pension plan - go to Question 5

☐ other person or entity as may be prescribed - go to Question 5

4. Indicate the **number** of pension committee or board of trustee members who are representatives of:

The employer(s) or any other person required to make contributions under the pension plan on behalf of an employer _____

Members of the pension plan _____

Total number of representatives _____

Attach a separate page providing the name, mail and e-mail address of each member of the pension committee or board of trustee.

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Information Concerning the Employer/Plan Sponsor

☐ Check here if same as Plan Administrator. Otherwise complete information below

5. Name of Employer/Plan sponsor (organization/corporation)

Contact person | Title

Mailing address
Street | Apt./Unit

City | Province/State | Postal Code/Zip Code

Telephone number | Ext. | Fax number | E-mail address

6. Are there any other employers, including subsidiary or affiliated companies, with employees participating in the pension plan?

☐ Yes

If "Yes" how many? _____ Attach a separate page providing the name and mailing address of each of the other employers.

☐ No

Information Concerning the Pension Plan

7. (a) What is the effective date of the establishment of the pension plan? (yyyy-mm-dd) _____

7. (b) What is the year-end date of the pension plan? (mm-dd) _____

8. Will you be registering your pension plan with the Canada Revenue Agency (CRA)?

☐ Yes

If you have done so, provide the following information:

Date of application for registration: _____

CRA number: _____

☐ No

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Information Concerning the Pension Plan (continued)

9. (a) Indicate the type of benefit provided by the plan:

- ☐ Defined benefit
- ☐ Target benefit
- ☐ Defined contribution
- ☐ Combination of defined benefit and defined contribution
- ☐ Combination of target benefit and defined contribution
- ☐ Hybrid (greater of defined benefit or defined contribution)
- ☐ Defined contribution with past defined benefit

  Select the most appropriate with respect to the defined benefit component
  - ☐ Accruals permitted, but closed to new entrants
  - ☐ Closed to new entrants and no accruals permitted
  - ☐ Accruals permitted and open to new entrants
- ☐ Defined benefit with past defined contribution

  Select the most appropriate with respect to the defined contribution component
  - ☐ Accruals permitted, but closed to new entrants
  - ☐ Closed to new entrants and no accruals permitted
  - ☐ Accruals permitted and open to new entrants

9. (b) Indicate the type of plan (check the applicable box):

- ☐ Single employer

  Is this a Designated pension plan as defined in the Regulation?
  - ☐ Yes - go to question 12
  - ☐ No - go to question 10
- ☐ Multi-employer - go to question 11
- ☐ Jointly sponsored single employer - complete this question and go to question 10

  Has a statement been filed certifying that the pension plan meets the criteria as required under section 3.2 of the Regulation?
  - ☐ Yes
  - ☐ No
- ☐ Jointly sponsored multi-employer - complete this question and go to question 11

  Has a statement been filed certifying that the pension plan meets the criteria as required under section 3.2 of the Regulation?
  - ☐ Yes
  - ☐ No
- ☐ Individual pension plan as defined in the Regulation - complete this question and go to question 12

  Signed and completed Form1.2 attached?
  - ☐ Yes
  - ☐ No

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10. Single Employer/Jointly Sponsored Single Employer

Is the pension plan a creation of, or supported by, a collective agreement?

☐ Yes
☐ No

If “yes”, attach a copy of the collective agreement(s) to this form. Also, provide the name of the trade union(s) and their contact information. Attach a separate page if there is more than one.

Name of union

Contact person | Title

Mailing address
Street | Apt./Unit

City | Province/State | Postal Code/Zip Code

Telephone number | Ext. | Fax number | E-mail address

11. Multi-employer or negotiated cost plans/Jointly sponsored multi-employer

Is the pension plan a multi-employer pension plan established pursuant to a collective agreement or trust agreement; or, a pension plan that provides defined benefits or target benefits where the obligation of an employer to contribute to the pension plan is limited to a fixed amount (or rate) set out in a collective agreement? (see section 6(1) of Regulation 909, R.R.O. 1990, as amended (the Regulation))

☐ Yes
☐ No

If “Yes”, attach a copy of the collective agreement(s) to this form. Also, provide the name of the trade union(s) and their contact information. Attach a separate page if there is more than one.

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Information Concerning the Funding Instrument/Arrangement

12. (a) Indicate the funding instrument/arrangement:

- ☐ insurance company contract fully insured or guaranteed
- ☐ insurance company contract not fully insured or guaranteed
- ☐ trust agreement with:
  - ☐ individual trustees
  - ☐ trust company
- ☐ pension fund society
- ☐ government, or agency, board or commission established by statute for administration of a pension fund
- ☐ other (provide details)

12. (b) Provide the name and address of the fund holder, i.e. corporate trustee/insurance company/custodian which holds the fund's assets. Attach a separate page if there is more than one.

Name of Fund holder (corporate trustee/insurance company/custodian/other body)

Name of the Fund or Policy number

Contact person | Title

Mailing address
Street | Apt./Unit

City | Province/State | Postal Code/Zip Code

Telephone number | Ext. | Fax number | E-mail address

12. (c) Confirm that a Statement of Investment Policies and Procedures (meeting the requirements of the federal investment regulations as defined in sections 66 and 78(1) of the Regulation) has been established for the plan:

- ☐ Yes
- ☐ No — If "No", explain.

Other Pension Plans Sponsored by the Employer/Plan Sponsor

13. Have any of the members covered by this new pension plan participated in the past in any other pension plan of the company, including a subsidiary or affiliated company or a Multi-Employer Pension Plan or a Jointly Sponsored Pension Plan to which the employer makes contributions?

☐ Yes

☐ No

If “yes”, provide the registration number(s), name of the previous pension plan(s), jurisdictions of registration of the previous pension plan(s) and describe the current status of the plan(s):

Information Related to Pensions and Pension Plans

The information requested in questions 14 to 28 is to be provided for the purpose of compiling statistical information related to pensions and pension plans pursuant to section 97 of the PBA.

14. Type of organization operated by the principal employer(s) (check the most appropriate):

☐ sole proprietorship/partnership (unincorporated business)

☐ corporation (including a co-operative but excluding a crown corporation)

☐ registered not-for-profit association

☐ municipal government, agency, or corporation

☐ provincial government, agency, or corporation

☐ federal government, agency, or corporation

☐ trade or employee association

☐ other (provide details)

15. What is the main business of the principal employer(s)/plan sponsor?

Please refer to the Statistics Canada website (www.statcan.gc.ca) for information about the types and classifications of businesses and industries (i.e., see the North American Industry Classification System (NAICS)).

Provide the NAICS code: _____

16. Is participation in the pension plan mandatory or voluntary (check the most appropriate):

☐ mandatory

☐ voluntary

17. Eligibility for pension plan membership

Provide the number(s) of employees who are eligible to join the pension plan (multiple entries acceptable except for “all employees”):

_____ all employees

_____ salaried employees

_____ hourly employees

_____ union members

_____ executives including “connected persons” as defined in the Income Tax Act, R.S.C., 1985, c. 1, (5th supp.), as amended

_____ other (provide details)

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Information Related to Pensions and Pension Plans (continued)

18. For plans that provide a defined benefit or target benefit, provide the number of employees by class, who are eligible to join the plan:

	All Employees	Salaried Employees	Hourly Employees	Union Members	Executives*	Other (provide details)
Class 1						
Class 2						
Class 3						
Class 4						

*Include “connected persons” as defined in the Income Tax Act, R.S.C., 1985, c. 1 (5th Supp.), as amended

19. Is the type of benefit the same for each class?

☐ Yes

☐ No If No, please indicate the type of benefit provided for each class.

	Defined Benefit	Target Benefit	Defined Contribution	Combination of Defined Benefit and Defined Contribution	Combination of Target Benefit and Defined Contribution	Hybrid (greater of defined benefit or defined contribution)
Class 1	☐	☐	☐	☐	☐	☐
Class 2	☐	☐	☐	☐	☐	☐
Class 3	☐	☐	☐	☐	☐	☐
Class 4	☐	☐	☐	☐	☐	☐

	Defined contribution current service benefit and a past service defined benefit	Defined benefit current service benefit and a past service defined contribution benefit
Class 1	☐	☐
Class 2	☐	☐
Class 3	☐	☐
Class 4	☐	☐

20. (a) Are the plan's defined benefit or target benefit provisions open to new members?

Class 1 ☐ Yes ☐ No

Class 2 ☐ Yes ☐ No

Class 3 ☐ Yes ☐ No

Class 4 ☐ Yes ☐ No

20. (b) Are accruals under the plan's defined benefit or target benefit provisions permitted?

Class 1 ☐ Yes ☐ No

Class 2 ☐ Yes ☐ No

Class 3 ☐ Yes ☐ No

Class 4 ☐ Yes ☐ No

Information Related to Pensions and Pension Plans (continued)

21. Normal retirement age

Indicate normal retirement age according to the pension plan text: _____

22. Integration with Canada Pension Plan (CPP) or Quebec Pension Plan (QPP)

Indicate if the contribution and/or benefit rate of the pension plan are integrated with contributions or benefits of the CPP/QPP:

☐ contribution rate integrated with CPP/QPP

☐ benefit formula integrated with CPP/QPP

☐ both are integrated with CPP/QPP

☐ neither is integrated with CPP/QPP

23. Employee contributions

Identify employee contribution rate or amount for normal cost (multiple entries acceptable):

☐ no employee contribution required

☐ _____% of earnings if not integrated with CPP/QPP

☐ _____% of earnings up to the Year's Maximum Pensionable Earnings (YMPE)

☐ _____% of earnings above the YMPE

☐ $_____ per hour worked

☐ other (provide details)

24. Employer contributions

Identify employer contribution rate or amount for normal cost (multiple entries acceptable):

☐ employer pays balance of cost

☐ _____% of earnings if not integrated with CPP/QPP

☐ _____% of earnings up to the Year's Maximum Pensionable Earnings (YMPE)

☐ _____% of earnings above the YMPE

☐ $_____ per hour worked

☐ other (provide details)

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Plans Which Have Any Defined Benefit or Target Benefit Provisions, Complete Questions 25 to 28

25. Benefit calculation

Pension benefits are based on (multiple entries acceptable):

- ☐ final average earnings over the last _____ years
- ☐ best average earnings for the best _____ years (of the last _____ years, if applicable)
- ☐ career average earnings
- ☐ flat benefit

26. Benefit formula - for normal retirement benefit only (do not include optional or alternative benefits requiring specific conditions)

Indicate amount or rate of benefit formula (multiple entries acceptable):

- ☐ _____% of earnings if not integrated with CPP/QPP
- ☐ _____% of earnings up to the Year's Maximum Pensionable Earnings (YMPE)
- ☐ _____% of earnings above the YMPE
- ☐ $ _____ per month for each year of service
- ☐ $ _____ per month for each _____ hours worked
- ☐ other (provide details)

27. Does the pension plan text provide for automatic (contractual) increases to pensions in pay, or deferred pensions? (for example, indexation relating to Consumer Price Index)

- ☐ Yes Provide the indexation formula _____
- ☐ No

28. Does the pension plan text provide for any ancillary benefit(s)?

- ☐ Yes
- ☐ No

If yes, indicate the type of ancillary benefit(s) the plan provides (multiple entries acceptable):

- ☐ Disability benefits
- ☐ Death benefits in excess of those provided in section 48 of the PBA
- ☐ Bridging benefits
- ☐ Supplemental benefits, other than bridging benefits, payable for a temporary period of time
- ☐ Early retirement options and benefits in excess of those provided by section 41 of the PBA
- ☐ Postponed retirement options and benefits in excess of those referred to in section 35(4) of the PBA
- ☐ Survivor benefits in excess of those required under section 44(3) of the PBA
- ☐ Other (provide details) _____

Plan Membership

29. Enter the number of active members (by male and female), former members, retired members and other beneficiaries, and the location of their employment by jurisdiction, as of the effective date of the establishment of the pension plan.

	Active members (male)	Active members (female)	Former members	Retired members	Other beneficiaries
Alberta					
British Columbia					
Manitoba					
New Brunswick					
Newfoundland and Labrador					
Nova Scotia					
Ontario					
Prince Edward Island					
Quebec					
Saskatchewan					
Federal (PBSA)					
Northwest Territories					
Nunavut					
Yukon					
Outside Canada					
Totals					

A former member is a person who has terminated employment or membership in the pension plan and is either entitled to a deferred pension or any other payment from the pension fund and is not a retired member. A retired member is a person who has terminated employment or membership in the pension plan and is receiving a pension from the pension fund, or is entitled to begin to receive a pension from the pension fund by virtue of having reached normal retirement under the plan, or elected to receive an early retirement pension, or has elected to begin pension from the pension fund, whether or not receipt of the first payment is deferred. Beneficiaries are spouses or others who have an entitlement under the fund.

Registration Fee

A registration fee of $250 applies for the registration of a pension plan with the Financial Services Regulatory Authority of Ontario. A cheque payable to the Financial Services Regulatory Authority of Ontario must be attached to this form.

Send the completed Form 1, required supporting documents and registration fee to:

Financial Services Regulatory Authority of Ontario
Pensions
25 Sheppard Avenue West, Suite 100, Toronto, ON , M2N 6S6

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Requirements Checklist

Check the applicable items below to ensure that all required documents and the registration fee are filed with this form.

Certified copies of the documents that create and support the pension plan (Section 9(2)(b) of the PBA):

- ☐ plan text
- ☐ initial valuation report
- ☐ collective agreement if the plan was set up in accordance with a labour agreement
- ☐ funding and benefits policy, governance policy and communications policy (for plans providing target benefits)

Certified copies of the documents that create and support the pension fund, as applicable (Section 9(2)(c) of the PBA):

- ☐ trust agreement(s)
- ☐ custodial agreement(s)
- ☐ deposit contract(s) with an insurance company
- ☐ group annuity contract(s)
- ☐ other contract(s) with an insurance company
- ☐ other types of funding instruments

Certified copies of the documents in accordance with sections 9(2)(d), 9(2)(e) and 9(2)(f) of the PBA:

- ☐ reciprocal transfer agreement related to the pension plan, if applicable
- ☐ employee booklet and/or explanations and other information provided to members and persons eligible to become members, as required under section 25(1) of the PBA (Information from administrator)
- ☐ any other prescribed documents

Other Requirements - check items below to ensure that all applicable documents and information are filed with this form:

- ☐ names and addresses of each member of a pension committee, a board of trustees or a corporation, a board, agency or commission responsible for the administration of the **pension plan;**
- ☐ names and addresses of each individual trustee or each member of a board, agency, commission or corporation responsible for the administration of a **pension fund**, if not identified in the certified copy of funding instrument;
- ☐ other pension plans already set up by the employer;
- ☐ names and addresses of each employer participating in this pension plan as per question 6; and
- ☐ registration number and name of each previous pension plan of the employer(s) as per question 13.

Registration Fee

- ☐ cheque for $250 payable to **Financial Services Regulatory Authority of Ontario**

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Administrator's Certification and Signature

Re: Pension Plan: (the legal name of the Pension Plan)

Provide full pension plan name and the Canada Revenue Agency registration number (if available)

I am the authorized representative of the Administrator of the Pension Plan identified in question 2.

I certify that:

(a) attached to this application to register the Pension Plan are certified copies of:

i) the documents necessary to create and support the Pension Plan and its pension fund, and

ii) all other documents required to be filed under the PBA and Regulation as part of this application to register the Pension Plan,

(b) the information contained in the application and the attached documents is true and accurate and the application is complete,

(c) the Pension Plan complies with the requirements of the PBA and Regulation,

(d) the pension legislation of the following Canadian jurisdictions other than Ontario applies to one or more members, former members, retired members or other beneficiaries of the Pension Plan.

☐ Check if there are no relevant Canadian jurisdictions

Check the names of all relevant Canadian jurisdictions

		Under the PBSA:
☐ Alberta	☐ Newfoundland and Labrador	☐ Federal
☐ British Columbia	☐ Nova Scotia	☐ Northwest Territories
☐ Manitoba	☐ Quebec	☐ Yukon Territory
☐ New Brunswick	☐ Saskatchewan	☐ Nunavut Territory

(e) where the pension legislation of one or more Canadian jurisdictions other than Ontario applies to one or more members, former members, retired members or other beneficiaries of the Pension Plan:

i) I am aware of, or have obtained appropriate professional advice regarding the requirements of the pension legislation of those other jurisdictions, and

ii) to the best of my knowledge and belief, based on the information and advice provided to me, including that referred to herein, the Pension Plan complies with the requirements of the pension legislation of those other jurisdictions, and

(f) I have reviewed this application.

Name of authorized representative of Administrator (print) **(person identified in question 2)**

Signature of authorized representative of Administrator

Date (yyyy-mm-dd)

It is an offence under the Criminal Code, R.S.C. 1985, c. C-46, as amended, for anyone to knowingly make or use a false document with the intent that it be acted on as genuine.

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