

Customer ID number (1)	Sector (2)	Date (mm/dd/yyyy) (3)
Payment Information TO (6)	Invoice number (4)	
	Billing Enquiry  416-250-7250 1-800-668-0128	
Payment terms	License/Registration/Charter number (7)	Due date (mm/dd/yyyy) (5)

Line No.	Item Description	Price*	Quantity (10)	Amount
1.	Minimum assessment amount applied to pension plans with 78 or fewer members (8)	\$750.00	0	\$0.00
2.	Number of members for First 1 to 1,000 (9)	\$8.62	1,000	\$8,620.00
3.	Number of members for Next 1,001 to 6,000 (9)	\$7.72	1,263	\$9,750.36
4.	Number of members for Next 6,001 to 12,000 (9)	\$6.14	0	\$0.00
5.	Number of members for Next 12,001 to 60,000 (9)	\$2.88	0	\$0.00
6.	Number of members for Next 60,001 to 150,000 (9)	\$1.70	0	\$0.00
7.	Number of members above 150,001 plan members (9)	\$0.06	0	\$0.00
8.	Recovery of former FSCO costs for April 1 2018 to June 7 2019 (11)	\$250.00	1	\$250.00

\*Price may be rounded to two decimal places. Please see [www.fsrao.ca/assessments](http://www.fsrao.ca/assessments) for more information on the assessment.

Amount due (CAD) (15)
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## Remittance Advice (12)

Customer ID number
Invoice number
Due date (mm/dd/yyyy)
Amount Due (CAD)
Payment Amount (CAD)

Please detach and return this portion with your cheque payment. Make cheque payable to the **Financial Services Regulatory Authority of Ontario (13)** and mail to the following address:

Financial Services Regulatory Authority of Ontario (14)  
PO Box 9572, STN A  
Toronto, ON M5W 2K3

Payment Options: See back of this page. **Interest will be charged on all past due accounts.**

**Reference numbers**

1. Customer number for reference
2. Pension sector
3. Invoice date
4. Invoice number
5. Due date
6. Addressee
7. Pension plan number
8. Minimum assessment fee if applicable
9. Marginal fee per plan member (refer to Qs&As - Pension sector - Question #4 for further detail)
10. Number of members on record
11. FSCO adjustment
12. Remittance advice to be submitted with payment
13. Cheques should be made payable to FSRA
14. Payment remittance address
15. Total fee amount payable at due date.

**SAMPLE**

**ONLY**