



Superintendent of Pensions
Financial Services Regulation Division
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FOR OFFICE USE ONLY
File No.

FORM 1
APPLICATION FOR
REGISTRATION OF
PENSION PLAN
(Please Read the Guide for
Application for Registration
Before Completing this application)

1. NAME AND ADDRESS OF EMPLOYER OR ASSOCIATION (See Guide)

A. NAME

B. ADDRESS OF HEAD OFFICE

C. MAILING ADDRESS IN CANADA IF OTHER THAN IN (B)

D. TELEPHONE NUMBER

2. NAMES AND ADDRESSES OF OTHER EMPLOYERS OF EMPLOYEES COVERED BY THIS PLAN (SEE GUIDE)

A. EMPLOYERS ASSOCIATED THROUGH OWNERSHIP

EMPLOYERS ASSOCIATED THROUGH NATURE OF BUSINESS (ATTACH LIST)

3. NATURE OF BUSINESS (SEE GUIDE)

A. "INCLUDED EMPLOYMENT" (FEDERAL DOMAIN)
INDICATE THE MAIN ACTIVITY OF YOUR BUSINESS

B. OTHER THAN "INCLUDED EMPLOYMENT" (PROVINCIAL DOMAIN)
INDICATE THE MAIN ACTIVITY OR ACTIVITIES OF YOUR BUSINESS

C. INDICATE THE PERCENTAGE OF MEMBERS EMPLOYED IN "INCLUDED EMPLOYMENT" _____ %
(IF THE PERCENTAGE IS MORE THAN 50, APPLICATION FOR REGISTRATION MUST BE MADE TO THE SUPERINTENDENT OF FINANCIAL INSTITUTIONS, GOVERNMENT OF CANADA, OTTAWA INSTEAD OF TO THE PROVINCIAL SUPERINTENDENT)

4. TYPE OF ORGANIZATION

MUNICIPALITY

MUNICIPAL ENTERPRISE

PROVINCE

PROVINCIAL CROWN CORPORATION

FEDERAL CROWN CORPORATION

INCORPORATION COMPANY (OTHER THAN A CROWN CORPORATION)

PARTNERSHIP

SOLE PROPRIETORSHIP

ASSOCIATION

CO-OPERATIVE

OTHER (DESCRIBE) _____

5. IDENTIFICATION

A. OFFICIAL NAME OR TITLE OF PLAN

POLICY OR TRUST NUMBER, IF ANY

B. NAME AND ADDRESS OF ADMINISTRATOR (SEE GUIDE)

C. NAME AND ADDRESSES OF:

I. CORPORATE TRUSTEE, IF ANY _____

II. INDIVIDUAL TRUSTEES, IF ANY _____

D. NAME AND ADDRESS OF INSURANCE COMPANY, IF ANY

E. NAME AND ADDRESS OF CONSULTANT, IF ANY

6. PLAN DETAILS

A. EFFECTIVE DATE OF PLAN D D M M Y Y B. PLAN YEAR ENDS ON D D M M Y Y

C. WAS THE PLAN CONSTITUTED BY VIRTUE OF A COLLECTIVE AGREEMENT OR DECREE? YES NO IF "YES", PLEASE SEND A COPY OF THE COLLECTIVE AGREEMENT OR DECREE.

7. INFORMATION TO MEMBERS

HAS EACH MEMBER RECEIVED A COPY OF THE PENSION PLAN OR A WRITTEN EXPLANATION OF THE TERMS AND CONDITIONS OF THE PLAN AND OF HIS/HER RIGHTS AND DUTIES THEREUNDER? YES NO

8. PLAN MEMBERSHIP AND EMPLOYEES ON PAYROLL

NUMBER OF EMPLOYEES AND NUMBER OF PLAN MEMBERS ON PAYROLL AS OF THE DATE OF THIS APPLICATION:

AREA OF EMPLOYMENT	EMPLOYEES ON PAYROLL		PLAN MEMBERS ON PAYROLL	
	MALE	FEMALE	MALE	FEMALE
(1)	(2)	(3)	(4)	(5)
NEWFOUNDLAND & LABRADOR	_____	_____	_____	_____
PRINCE EDWARD ISLAND	_____	_____	_____	_____
NOVA SCOTIA	_____	_____	_____	_____
NEW BRUNSWICK	_____	_____	_____	_____
QUEBEC	_____	_____	_____	_____
ONTARIO	_____	_____	_____	_____
MANITOBA	_____	_____	_____	_____
SASKATCHEWAN	_____	_____	_____	_____
ALBERTA	_____	_____	_____	_____
BRITISH COLUMBIA	_____	_____	_____	_____
YUKON TERRITORY	_____	_____	_____	_____
NORTHWEST TERRITORY	_____	_____	_____	_____
OUTSIDE CANADA	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

9. DOCUMENTS ATTACHED

PLEASE CHECK OFF THE ITEMS INCLUDED WITH THIS APPLICATION FORM

- CERTIFIED COPY OF THE PENSION PLAN TEXT, AND AMENDMENTS (IF ANY)
- CERTIFIED COPY TRUST DEED(S)
- CERTIFIED COPY OF INSURANCE CONTRACTS
- CERTIFIED COPY OF BY-LAW(S)/BOARD RESOLUTION
- COST CERTIFICATE
- ACTUARIAL REPORT
- LIST OF INVESTMENTS
- EMPLOYEES' BOOKLET
- CERTIFIED COPY OF THE COLLECTIVE AGREEMENT OR DECREE (SEE ITEM 6(c))
- FINANCIAL STATEMENT
- FEE

I HEREBY MAKE APPLICATION FOR REGISTRATION OF THE PENSION PLAN IDENTIFIED IN THIS FORM UNDER THE PENSION BENEFITS ACT, 1997 AND ANY OTHER PENSION BENEFITS LEGISLATION TO WHICH THIS PENSION PLAN IS SUBJECT.

I CERTIFY THAT THE INFORMATION GIVEN IN ALL FORMS AND DOCUMENTS RELATING TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Name in Block Letters

Title or Position

Date

Company or Association

FOR OFFICIAL USE ONLY

REMITTANCE: _____

RECEIPT NO.: _____

DATE OF RECEIPT: _____

PROCESSED BY: _____