

**Form 2  
Registered Pension Plan  
Annual Information Return**  
(Please Read the Instruction for  
Annual Information Return  
Before Completing the Return)

Superintendent of Pensions  
Financial Services Regulation Division  
P. O. Box 8700  
St. John's, Newfoundland  
A1B 4J6  
Telephone: (709) 729-1039  
Facsimile: (709) 729-3205

**1 Title of pension plan and registration number**

A. Official name of plan		
Carrier and policy or trust number, if any		
B. Provincial registration number	C. Revenue Canada registration number	

**2 Name and address of plan administrator (see instructions)**

A. Name		
B. Contact name		
C. Address of head office		
City	Province	Postal Code
D. Mailing address in Canada if other than (c)		
City	Province	Postal Code
E. Telephone number	F. Facsimile number	

**3 Location of books and records, same as 2(c) above, or**

Address		
City	Province	Postal code

**4 End of plan year under review (see instructions)**

A. Y Y Y Y / M M / D D	B. Number of months In the plan year: 12 months <input type="checkbox"/> Other <input type="checkbox"/> _____ (not to exceed 12 months)
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**5 Number of employers in the plan**

How many employers participated in the plan at the end of the pension plan year? _____
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**6 Changes in the list of participating employers**

A. Have there been any changes to the list of employers covered by this pension plan since the last annual information return (or since the application for registration, if this is the first annual information return)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If "yes", enter in the appropriate subdivision below, the name and address of each employer and indicate whether it is an "addition" Or "deletion".	
(i) Employers associated through ownership	
(ii) Employers associated only through nature of business	

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**PRIVACY NOTICE**

The Financial Services Regulation Division collects personal information under the authority of the *Pension Benefits Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPP) Act. If you have any questions about the collection or use of this information please contact us at: Department of Government Services, Financial Services Regulation Division, P. O. Box 8700, St. John's, NL A1B 4J6 or by calling (709) 729-1039.

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## 7 Plan Amendments

A. Were any amendments made to this pension plan or fund during the plan year under review? Yes  No

B. If "yes", have the amendments been submitted to the department? (see instructions If pension plan is established by virtue of a collective agreement or decree.) Yes  No

C. Have all eligible employees, members and affected former members been Informed of plan amendments? Yes  No

D. If "no", please explain

## 8 Cessation of Contributions/Benefit Accrual

Did a cessation of contributions or benefit accrual occur during the pension plan year? Yes  No

If "yes", what is:

Effective Date of Cessation				Date of Final Distribution of Funds											
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
/				/				/				/			

## 9 Current service payments (see instructions)

(a) Member contributions required	\$ _____	(b) Employer contributions required	\$ _____
Additional voluntary contributions	_____	Less: amounts credited from surplus Or forfeitures (explain)	_____
Total member contributions	_____	Net employer contributions	_____

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 10 Special Payments

Amount of special payments paid into the pension plan or fund during the plan year under review to liquidate initial unfunded liabilities existing at initial registration or created by amendments or resulting from changes in actuarial methods or bases, or to liquidate solvency deficiencies revealed by actuarial valuations (see instructions. Not applicable to money purchase pension plans.)

Total annual unfunded liability payments \$ \_\_\_\_\_ Total annual solvency payments \$ \_\_\_\_\_

## 11

A. Were the payments shown in sections 9 and 10 above determined in accordance with the formulas given in the last report or reports listed with the department? Yes  No

B. If "no", please explain

## 12 Financial data applicable to the plan year

Amount transferred in from other plans	\$ _____
Net investment earnings (losses)	\$ _____
Payment of benefits	\$ _____
Transfers of benefits to other plans	\$ _____
Book value of plan assets at beginning of the plan year	\$ _____
Market value of plan assets at beginning of the plan year	\$ _____
Book value of plan assets at plan year end	\$ _____
Market value of plan assets at plan year end	\$ _____

**13 Active membership (see instructions)**

A. Number of active members at previous plan year end	_____
B. Add - new entrants, i.e. employees joining the plan during the plan year	_____
C. Subtotal (a + b)	C. _____
<b>Subtract - exits, ie. Employees who ceased to be active members during the Plan year for the following reasons:</b>	
D. - Retirement	_____
E. - Death	_____
F. - Termination of membership in the plan	_____
G. - Lay off/On leave	_____
H. - Total exits (d+e+f+g)	H. _____
I. Number of active members at the plan's year end (c - h)	I. _____

**14 Plan Membership**

Number Of Plan Members On Payroll As At The Plan Year End Under Review

Area Of Employment	Plan Members On Payroll	
	Male	Female
Newfoundland and Labrador	_____	_____
Prince Edward Island	_____	_____
Nova Scotia	_____	_____
New Brunswick	_____	_____
Quebec	_____	_____
Ontario	_____	_____
Manitoba	_____	_____
Saskatchewan	_____	_____
Alberta	_____	_____
British Columbia	_____	_____
Yukon Territory	_____	_____
Northwest Territory	_____	_____
Nunavut	_____	_____
Outside Canada	_____	_____
<b>Total</b>	_____	_____

**Defined Benefit Plans only - complete questions 15 - 17  
Others go to Canada Revenue Agency Schedule**

**15**

Number of non-active members (excluding persons for whom individual annuities have been purchased)

A. Pensioners and beneficiaries	_____
B. Vested former members entitled to deferred pensions	_____
C. Total non-active member (a+b)	_____

**16**

Have adjustments been made to pensions in pay or deferred pension benefits during the plan year under review?

A.  No

B.  Yes - (in accordance with a requirement of the plan for regular adjustment of benefits)

C.  Yes - (pursuant to a collective agreement)

D.  Yes - (voluntarily by the employer)

E.  Yes - other (describe) \_\_\_\_\_

**17 Basis for adjustment**

A. <input type="checkbox"/> Full Consumer Price Index (CPI)	D. <input type="checkbox"/> Percentage Increase _____ % (Not based on CPI)
B. <input type="checkbox"/> Partial CPI	E. <input type="checkbox"/> Flat Dollar Increase \$ _____ Annually
C. <input type="checkbox"/> Based on Excess Interest Earnings	F. <input type="checkbox"/> Other Method (specify) _____



Canada Revenue Agency

Agence du revenu du Canada

# Canada Revenue Agency Schedule

**1** How many active members at plan year end were persons connected with the employer? \_\_\_\_\_

**Specified multi-employer plans and multi-employer plans, go to question 5. Other plans, continue with question 2.**

**2** Did any member of this plan participate:  
 in any other Registered Pension Plan (RPP) or Deferred Profit-sharing Plan (DPSP) provided by this plan sponsor? Yes  No   
 or;  
 in an RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor? Yes  No

**3** Have any connected persons joined or left the plan in the plan year? Yes  No

**4** In the plan year, has a person or group acquired control of the corporation that is Sponsoring the pension plan? N/A  Yes  No

**5** Actuarial liabilities resulting from plan obligations \$ \_\_\_\_\_

**6** Date of actuarial liability assessment 

Y	Y	Y	Y	M	M	D	D

**Money purchase plans and specified multi-employer plans, go to "certification". Other plans, continue with Question 7.**

**7** Were any plan members provided with Post-1989 Past-Service Benefits in the plan year? Yes  No

**8** Have any plan members who are connected persons been provided with Pre-1992 Past-Service Benefits in the plan year? Yes  No

## Certification

- As an authorized officer of the administrator of the Pension Plan noted above, I hereby certify that to the best of my knowledge and belief,
- (a) the contributions paid to the plan have been at least equal to those required by the applicable pension benefits legislation.
  - (b) the plan and fund have been administered in accordance with the terms of the applicable pension benefits legislation.
  - (c) the administrator has established a written statement of investment policies and procedures in accordance with Section 39 of the Pension Benefits Act, 1997 Regulations.
  - (d) the statement of investment policies and procedures complies with Section 39 and the Schedule of the Pension Benefits Act, 1997 Regulations.
  - (e) during the plan year under review, the assets of the pension plan were invested in accordance with Section 39 and the Schedule of the Pension Benefits Act, 1997 Regulations.
  - (f) the administrator has reviewed the statement of investment policies and procedures during the plan year under review.
  - (g) the details entered on this Annual Information Return are true, correct and complete.
  - (h) the plan complies with and is administered in accordance with sections 147.1, 147.2, and 147.3 of the Income Tax Act and the related Regulations.

\_\_\_\_\_  
 Signature Name in Block Letters Date

\_\_\_\_\_  
 Title of Person Company

NUMBER OF PLAN MEMBERS ON PAYROLL*	FEE PAYABLE
0 - 19	\$150.00
20 - 999	\$7.50 PER MEMBER
1,000 AND OVER	\$7,500.00

\*"Number of Plan Members on Payroll" means the total number of plan members employed in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon Territory, Northwest Territory, and Nunavut.

### For Office Use Only

Remittance: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_ Processed By: \_\_\_\_\_