

6. Indicate whether the application involves an amendment(s) concerning:

- transfer of assets
- merger of plans
- refund of contributions
- distribution of surplus
- plan conversion
- reduction of accrued benefits or refund of contributions under Section 47 of Regulation 909, R.R.O. 1990, as amended (the "Regulation")
- early retirement/downsizing program
- full wind up of the pension plan (*complete questions 1 to 6, 11, and 21 to 22 only*)
- partial wind up of the pension plan
- other (*provide details*) _____

AMENDMENTS CONCERNING BENEFITS OR CONTRIBUTIONS

7. Indicate whether the application involves any of the following (*please answer each question*):

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | eligibility for membership if "yes", complete question 12 |
| <input type="radio"/> | <input type="radio"/> | normal retirement age if "yes", complete question 13 |
| <input type="radio"/> | <input type="radio"/> | integration with the Canada Pension Plan ("CPP") or Quebec Pension Plan ("QPP") if "yes", complete question 14 |
| <input type="radio"/> | <input type="radio"/> | employee contributions rate if "yes", complete question 15 |
| <input type="radio"/> | <input type="radio"/> | employer contributions if "yes", complete question 16 |
| <input type="radio"/> | <input type="radio"/> | benefit calculation/formula: for plans providing defined benefits if "yes", complete questions 17, 19 |
| <input type="radio"/> | <input type="radio"/> | benefit calculation/formula: career average earnings if "yes", complete question 18 |
| <input type="radio"/> | <input type="radio"/> | the provision of automatic (contractual) increases to pensions in pay or deferred pensions if "yes", complete question 20 |
| <input type="radio"/> | <input type="radio"/> | ad hoc increases to pensions in pay or deferred pensions if "yes", complete question 8 |
| <input type="radio"/> | <input type="radio"/> | funding instrument if "yes", complete question 9 |

If the answer to each of the items listed above is "no", go directly to page 8 and complete the certification.

10. Indicate the type of plan (*in cases where this amendment changes the type of plan, indicate the new plan type*):

- multi-employer
 - _____ defined benefit
 - _____ defined contribution
- defined contribution
- defined benefit
- combination of defined benefit and defined contribution
- other (*provide details*) _____

11. Multi-employer or negotiated cost plans

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 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 subsection 6(1) of the Regulation*)

- yes
- no

Information Concerning Benefits or Contributions

12. Eligibility for membership

Specify the class or classes of employees who are eligible to join the plan (*multiple entries acceptable except for "all employees"*):

- all employees
- salaried employees
- hourly employees
- union members
- executives including "connected persons" as that term is defined in the *Income Tax Act*, R.S.C. 1985 (5th supp.), c.1, as amended
- other (*provide details*) _____

13. Normal retirement age

Indicate normal retirement age according to the plan text: _____

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

Indicate if the contribution and/or benefit rate 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

15. Employee contributions

Identify employee contribution rate for normal cost:

- no employee contribution required
- _____ % of earnings if not integrated with CPP/QPP
- _____ % of earnings above Year's Maximum Pensionable Earnings ("YMPE")
- _____ % of earnings up to YMPE
- other (*provide details*) _____

16. Employer contributions

Identify employer contribution rate or amount for normal cost:

- employer pays balance of cost
- _____ % of earnings if not integrated with CPP/QPP
- _____ % of earnings above YMPE
- _____ % of earnings up to YMPE
- \$ _____ per year
- other (*provide details*) _____

Pension Plans Which Have Any Defined Benefit Provisions, Complete Questions 17 to 20

17. Benefit calculation

Are pension benefits per year of service based on (*check the most appropriate*):

- 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

18. (a) If the benefit calculation is based on career average earnings, are career earnings or benefits updated, for example, in accordance with a price or wage index?

- yes
- no

(b) If the benefit calculation is updated, are all earnings included or only those after a specified date?

- yes (*all earnings included*)
- no (*only earnings after* _____ / _____ / _____)
yyyy mm dd

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

Indicate amount or rate of benefit formula per year of service:

- _____ % of earnings if not integrated with CPP/QPP
- _____ % of earnings above YMPE
- _____ % of earnings up to YMPE
- \$_____ per month for each year of service
- \$_____ per month for each _____ hour(s) worked
- other (*provide details*) _____

20. Does this application involve an amendment to provide for automatic (contractual) increases to pensions in pay or deferred pensions (e.g. indexation to CPI)?

- yes
- no

PLAN WIND UP IN FULL

21. (a) Does this application involve the full wind up of the pension plan?

- yes
- no

If "yes", what is the effective date of plan wind up? _____ / _____ / _____
yyyy mm dd

(b) What is the major reason for the wind up of the pension plan?

- merged with/replaced by another pension plan _____
plan registration number
- company dissolved or plant closed
- no members remaining
- financial considerations
- other (*provide details*) _____

22. If the plan is being wound up and not replaced with another pension plan, indicate whether either of the following arrangements will be offered by the employer:

- a Registered Retirement Savings Plan ("RRSP")
- a Deferred Profit Sharing Plan ("DPSP")
- both an RRSP and a DPSP
- neither an RRSP nor a DPSP

**ADMINISTRATOR'S CERTIFICATION
APPLICATION FOR REGISTRATION OF A PENSION PLAN AMENDMENT**

Pursuant to the *Pension Benefits Act*, R.S.O. 1990, c.P.8, as amended (the "PBA")
and Regulation 909, R.R.O. 1990, as amended (the "Regulation")

Re: PENSION PLAN: _____
(insert full plan name and registration number)
(the "Pension Plan").

I AM: *(check the appropriate circle)*

- the administrator of the Pension Plan (the "Administrator"), or
- an agent or representative of the Administrator authorized by the Administrator to make this application to register an amendment to the Pension Plan and to give this certification.

I CERTIFY THAT:

- (a) attached to this application to register an amendment to the Pension Plan are certified copies of:
- (i) the amendment, and
- (ii) all other documents required to be filed under the PBA and Regulation as part of this application to register an amendment to 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 amendment to the Pension Plan which is the subject of this application 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 or other beneficiaries of the Pension Plan:

(insert names of all relevant Canadian jurisdictions; if none, leave blank)

- (e) where the pension legislation of one or more Canadian jurisdictions other than Ontario applies to one or more members, former members or other beneficiaries of the Pension Plan:
- (i) I am aware of, or have consulted with professionals who have advised me of, the requirements of the pension legislation of those other jurisdictions,
- (ii) I have reviewed this application, and
- (iii) to the best of my knowledge and belief, based on the information and advice provided to me, including that referred to herein, the amendment to the Pension Plan which is the subject of this application complies with the requirements of the pension legislation of those other jurisdictions.

THE ADMINISTRATOR'S CERTIFICATION CONTINUES ON THE NEXT PAGE

DATED this _____ day of _____, _____ .
(day) (month) (year)

Signature of Administrator or Administrator's Agent or Representative

Name of Administrator or Administrator's Agent or Representative (printed)

Address of Administrator or Administrator's Agent or Representative (printed)

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.