



**Financial Services
Commission
of Ontario**
5160 Yonge Street,
Box 85
Toronto ON M2N 6L9

**Request for Approval
to transfer commuted values
or purchase annuities**

Approved pursuant to the Pension Benefits Act

Use this form to request approval of the Superintendent under Subsections 19(4) or 19(5) of Regulation 909 to transfer commuted values pursuant to section 42 or to purchase annuities pursuant to section 43 of the *Pension Benefits Act*

Part A – Plan Information

Registration Number
Name of Pension Plan
Employer/Plan Sponsor

Part B – Actuarial Information

<p>(1) Valuation date of the last filed Actuarial Valuation Report: _____</p> <p>(2) If a previous s. 19(4) or s. 19(5) request was filed after the above valuation date, the Determination Date Indicated in the last filed Actuarial Certification: _____</p> <p>(3) Transfer Ratio set out in the last filed Actuarial Valuation Report or, if applicable, the last filed Actuarial Certification, whichever is lower: _____</p>	
Actuarial Certification	
<p>(4) Determination Date: _____</p> <p>(5) Market value of assets: _____</p> <p>(6) Prior Year Credit Balance: _____</p> <p>(7) Solvency liabilities: _____</p> <p>(8) Liabilities for benefits, other than pension benefits and ancillary benefits payable under qualifying annuity contracts, that were excluded in calculating the solvency liabilities: _____</p> <p>(9) Updated Transfer Ratio (the most recently determined transfer ratio): _____</p> <p>(10) If (3) was less than 1.0, indicate the percentage reduction from (3) to (9): _____</p>	
<p>The liabilities in (7) and (8) are determined, based on:</p> <p><input type="checkbox"/> a solvency valuation of the Plan as at the Determination Date, or</p> <p><input type="checkbox"/> a reasonable projection of the Plan's solvency liabilities from the last valuation date to the Determination Date.</p>	
<p>I certify that the information contained in this Actuarial Certification has been determined in accordance with accepted actuarial practice.</p>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Dated (day/month/year)</div>	

Signature of actuary	Print name of actuary
Name of firm	Telephone number ()

Part C – Approval of the Superintendent Requested

PBA (check one only)

- Section 42 – approval to transfer commuted values, or
- Section 43 – approval to purchase annuities, or
- Section 42 and 43 – approval to transfer commuted values and to purchase annuities

Regulation - (check one only)

- Section 19(4) of the Regulation - the last transfer ratio was equal to or greater than 1.0 and has since declined to a value less than 0.9, or
- Section 19(5) of the Regulation - the last transfer ratio was below 1.0 but has since declined by 10 per cent or more of that ratio

Part D – Proposal for Payment of Commuted Values

(check one only)

- Sections 19(2), 19(7), 19(7.1) and 19(7.2) of the Regulation – transfer a portion of the commuted value on the basis of the most recently determined transfer ratio with the transfer of the residual amount plus interest within 5 years of the initial transfer; or
- Section 19(6)(a) of the Regulation - transfer the full commuted value after an amount equal to the transfer deficiency based on the most recently determined transfer ratio has been remitted to the pension fund; or
- Section 19(6)(b) of the Regulation - transfer the full commuted value if the aggregate of transfer deficiencies for all transfers, based on the applicable most recently determined transfer ratio, made since the valuation date of the most recently filed actuarial valuation report does not exceed 5 per cent of the market value of the assets of the Plan at the Determination Date; or
- Other - attach a detailed description of the administrator's proposal.

Part E – Proposal for Purchase of Annuities

- Attach a detailed description of the administrator's proposal.

Part F – Declaration of Pension Plan Administrator

I certify that:

- I am the duly appointed administrator of this pension plan, or
- I am the duly appointed agent of the Administrator of this pension plan

and the information shown on this request for approval (and supporting documents, if any) is, to the best of my knowledge and belief, complete, true and correct

Dated (day/month/year)

Signature	Print name
Title and name of firm	Telephone number ()