



Annual Information Return

To be completed by the Pension Plan Administrator.

Form 2 - Approved by the Superintendent of Financial Services pursuant to the Pension Benefits Act, R.S.O. 1990, c.P.8, as amended (the "PBA")

Please review ALL the information shown below. If any information is incorrect or incomplete, please make the appropriate corrections.

Return form to: **Ministry of Finance**
 Client Services Branch
 PO Box 620
 33 King Street West
 Oshawa, ON L1H 8E9

Identification

Registration Number	Name of Pension Plan		
Plan Type <input type="checkbox"/> Single-Employer <input type="checkbox"/> Individual Pension Plan <input type="checkbox"/> Multi-Employer	Benefit Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Combination (e.g., Defined Contribution with past service Defined Benefits)	Plan Reporting Period From: year month day to month day	Language <input type="checkbox"/> English <input type="checkbox"/> French/ français

Plan Administrator - Name and Mailing Address

Contact			
Title			
Company Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

Plan Sponsor - Name and Address

Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

Pension Fund Trustee (including Insurance Company) - Name and Address

Trustee: Individuals Corporate

Name			
Address			
City	Province/State	Postal/Zip Code	Country
Telephone (Area Code)	Extension	FAX (Area Code)	

Custodian (Organization Holding Pension Fund Assets) - Name and Address

Is there more than one Custodian? Yes No If "Yes" please see instructions.

Name						
Address						
City		Province/State		Postal/Zip Code		Country
Telephone	(Area Code)	Extension	FAX	(Area Code)		

Location of Books or Records If same as Plan Administrator's address (✓) this box otherwise complete below.

Name and Address			
City		Province/State	
Postal/Zip Code		Country	

Collective Bargaining Agent - Name and Address

Is there a Collective Bargaining Agent? Yes No If "Yes" please see instructions.

Name						
Address						
City		Province/State		Postal/Zip Code		Country
Telephone	(Area Code)	Extension	FAX	(Area Code)		

Funding Information for the Reporting Period

Required contributions based on the most recent Form 7 or Actuarial Report:

		\$	
Employer normal cost current service contributions	101		↓
Plus: Employer special payments	+ 102		↓
Less: Reduction of employer required contributions	- 103		↓
Less: Other adjustments	- 104		↓
Total employer required contributions	= 105		↓
Member required contributions	106		↓
Less: Reduction of member required contributions	- 107		↓
Less: Other adjustments	- 108		↓
Total member required contributions	= 109		↓

Actual contributions made in respect of the reporting period:

Employer contributions	110		↓
Member contributions	111		↓
Member additional voluntary contributions	112		↓

Membership Information at the End of the Reporting Period

Indicate number of plan members:	Male	Female
Ontario [113a]	[113b]	[113b]
Newfoundland & Labrador [114a]	[114b]	[114b]
Prince Edward Island [115a]	[115b]	[115b]
Nova Scotia [116a]	[116b]	[116b]
New Brunswick [117a]	[117b]	[117b]
Quebec [118a]	[118b]	[118b]
Manitoba [119a]	[119b]	[119b]
Saskatchewan [120a]	[120b]	[120b]
Alberta [121a]	[121b]	[121b]
British Columbia [122a]	[122b]	[122b]
Northwest Territories [123a]	[123b]	[123b]
Yukon Territory [124a]	[124b]	[124b]
Nunavut [125a]	[125b]	[125b]
Federal (PBSA) [126a]	[126b]	[126b]
Outside Canada [127a]	[127b]	[127b]
<i>Subtotal</i> [128a]	[128b]	[128b]

Total number of plan members: (add [128a] and [128b]) [129]

Membership Reconciliation

Plan Members at end of previous reporting period [130]	[130]
Plan Members who joined the plan during this reporting period [131]	[131]
Subtotal (([130] + [131])) [132]	[132]
Plan Members who retired during this reporting period [133]	[133]
Plan Members deceased during this reporting period [134]	[134]
Plan Members terminated due to plant closures during this reporting period [135]	[135]
Other terminations of membership during this reporting period [136]	[136]
Subtotal (([133] + [134] + [135] + [136])) [137]	[137]
Plan Members at end of reporting period (([132] - [137])) [138]	[138]

Former Members and Other Beneficiaries at the End of the Reporting Period

Indicate total number of former members and other beneficiaries [139]

Indicate number of former members and other beneficiaries in Ontario [140]

Pension Fund Information

Amounts transferred in from other plans	141	\$	
Payment of benefits from the plan	142		
Transfer of benefits to other plans	143		
Market value of assets at beginning of reporting period	144		
Market value of assets at end of reporting period	145		
Net investment earnings (losses)	146		

Employers at the End of the Reporting Period

How many employers participate in the plan at the end of the reporting period? 147

Confirmation of Compliance

(a) Has any of the following information changed in this reporting period? Yes No
 If yes, please (✓) appropriate box(es)

Plan Year End Plan Name Pension Fund Structure
 Plan Administrator Plan Provisions Other (specify) _____
 Plan Sponsor Custodian

(b) Have you filed an amendment with the changed information? Yes No N/A

(c) Have you filed a Pension Fund or Plan Financial Statement for this reporting period? Yes No

(d) If plan assets are \$3 million or more, was an auditor's report filed? Yes No N/A
 If you answered "No" to (b), (c) or (d), the documents must be filed with:

Financial Services Commission of Ontario (FSCO)
 Pension Plans Branch
 5160 Yonge Street, 4th Floor
 PO Box 35
 North York ON M2N 6L9

(e) If this pension plan is a Multi-Employer Pension Plan, please attach a list of the names and addresses of the members of the Board of Trustees and indicate which are plan member representatives.

(f) Have the pension plan and pension fund been administered in compliance with the PBA and Regulation 901 R.O. 1990, as amended, for the reporting period covered by this form? Yes No
 If No, please attach an explanation.

Certification

As the authorized representative of the Administrator of the above noted pension plan, I certify that all the information presented on this form is true to the best of my knowledge and belief.

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

Signature of Witness _____ Signature of Authorized Representative _____

Name of Witness (please print) _____ Name of Authorized Representative (please print) _____

Address of Witness (please print) _____ Title/Position (please print) _____



Registration Number	Name of Pension Plan
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Plan Reporting Period:

 to

Canada Revenue Agency Information

1. Did the pension plan terminate or become inactive prior to or in this reporting period? Yes No If Yes, enter Date of Termination

[201]

If all the assets were distributed pursuant to the termination of the plan, enter the Date of Final Distribution

NOTE: • If question 1 is Yes, no further questions.
• All other plans continue with question 2.

2. Actuarial liabilities resulting from plan obligations

[203]

3. Date of last actuarial assessment

[204]

4. How many active members are persons connected with the employer?

NOTE: • Multi-employer plan, proceed to question 9.
Specified multi-employer plan, no further questions.
All other plans continue with question 5.

5. Did any member of the plan participate in any other registered pension plan or deferred profit sharing plan provided by this plan sponsor? Yes No

6. Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan of any other sponsor who does not deal at arm's length with this plan sponsor? Yes No

7. Have any connected persons joined or left the plan in this reporting period? Yes No

8. During this reporting period, has a person or group acquired control of the corporation that is sponsoring the pension plan? Yes No N/A

NOTE: • Defined contribution plan, no further questions.
• All other plans continue with question 9.

9. Were any plan members provided with post-1989 past service benefits in this reporting period? Yes No

10. Have any plan members who are connected persons been provided with pre-1992 past service benefits in this reporting period? Yes No