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SECTION: Registration

INDEX NO.: R500-251

TITLE: Preparation of an Application for Registration of a Plan Amendment

APPROVED BY: The Superintendent of Pensions

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### **A Guide to Preparing an Application for Registration of a Plan Amendment**

*On and after May 1, 1994, the Pension Plan Document Checklist is no longer required when making application for the registration of a pension plan or a plan amendment. The Pension Plan Document Checklist was introduced in Compliance Assistance Guideline #5 and was effective on November 1, 1992.*

A pension plan administrator must apply to the Superintendent of Pensions for registration of an amendment within 60 days after the date on which the pension plan is amended. This guideline will assist the administrator of a pension plan in completing and filing an application for registration of an amendment (Form 1.1) with the required supporting documents.

#### **Filing Requirements**

A complete application consists of:

- certified copies of the amending documents;
- completed and signed Form 1.1;
- certified copies of any other prescribed documents; and
- any other prescribed information.

The prescribed documents and/or information that must accompany the application varies depending on the nature of the amendment. Please refer to the legislation and other published guidelines (either *Compliance Assistance Guidelines* or applicable articles in the *PCO Bulletin*) to determine the requirements applicable to your submission.

#### **Completing the Application for Registration of a Plan Amendment (Form 1.1)**

If the application involves:

- a transfer of assets;
- wind up (full or partial);
- distribution of surplus;
- merger of pension plans;
- plan conversion;
- a refund of contributions; or
- an early retirement program

the type of the plan amendment must be clearly indicated because the regulatory review process is specialized depending on the activity. If none of these transactions are invoiced, the "other" item must be checked.

Please note: many of the applications which involve special processing will require the filing of certain documentation in addition to the amending document and Form 1.1.

### **Declaration**

The declaration must be signed by the plan administrator or an authorized signing officer and the signature must be witnessed. The signed declaration is evidence that the plan administrator understands fully the obligation to ensure that the filed documents comply with the *Pension Benefits Act*, 1990 and Regulations of Ontario and any other designated jurisdiction that applies to the plan.

The signed declaration confirms that this obligation has been met.

### **Required Supporting Documents**

The amending documents submitted with the application must be certified as true copies by an authorized officer of the employer or plan sponsor or other appropriate person authorized by the employer or plan sponsor. Unsigned amendments or uncertified "replacement pages" are not acceptable for processing.

### **Pension Commission of Ontario Procedures**

The application for registration will not be processed unless all components including applicable and required supporting documents are included.

#### Certificate of Registration

When the processing of the application is complete, the Superintendent will issue a certificate of registration based on the administrator's declaration of compliance with all applicable legislation. If the application for registration is deficient, the certificate for registration will be issued only when the Superintendent is satisfied that all necessary documentation has been filed.

#### How to Obtain Copies of Form 1.1

- 1) For convenience, readers of the *PCO Bulletin* may reproduce the application for registration of a plan amendment (Form 1.1) found in this *Administrative Practice*.

The French version of Form 1.1 will be published in the next issue of the *PCO Bulletin* (Summer 1994).

- 2) Until May 6, 1994 copies of the application for registration of a plan amendment can be obtained from ~~The Pension Commission of Ontario, Revenue Section, 101 Bloor Street West, 9th Floor, Toronto, Ontario M7A 2K2~~ Financial Services Commission of Ontario, 5160 Yonge St., P.O. Box 85, Toronto ON M2N 6L9.

On and after Monday, May 9, 1994 copies of the application for registration of a plan amendment (Form 1.1) can be obtained from ~~The Pension Commission of Ontario, 250 Yonge Street, 29th Floor, Toronto, Ontario M5B 2N7~~ Financial Services Commission of Ontario, 5160 Yonge St., P.O. Box 85, Toronto ON M2N 6L9.

Delivery Instructions

To file the completed, certified application for registration of a plan amendment, including required supporting documentation, please deliver to the address noted above.

Enquiries

All enquiries with respect to the application for registration of a plan amendment should be directed to the appropriate Pension Officer or Pension Analyst.

*This version is replaced by R500-252 which was published in the Supplement to the Spring 1995 issue of the PCO Bulletin.*



Pension Commission of Ontario  
250 Yonge Street  
29th Floor  
Toronto, ON M5B 2N7

*Form 1.1 - Pension Benefits Act, 1990  
Regulation 909*

## APPLICATION FOR REGISTRATION OF A PENSION PLAN AMENDMENT

*(Please type or print)*

\_\_\_\_\_

Pension Commission of Ontario ("PCO") registration number:

\_\_\_\_\_

Name of pension plan:

\_\_\_\_\_

Name of employer or sponsor:

\_\_\_\_\_

Effective date of amendment:

\_\_\_\_\_

*(Day, Month, Year)*

\_\_\_\_\_

Amendment number *(where applicable)*

Please indicate whether the application involves:

\_\_\_\_\_ Transfer of assets

\_\_\_\_\_ Distribution of surplus

\_\_\_\_\_ Early retirement/  
downsizing program

\_\_\_\_\_ Merger of plans

\_\_\_\_\_ Plan conversion

\_\_\_\_\_ Other

\_\_\_\_\_ Refund of contributions

\_\_\_\_\_ Full or partial wind up  
of the pension plan

**DECLARATION BY ADMINISTRATOR**

I, \_\_\_\_\_, hereby apply for registration of the pension plan amendment identified in this Form under the Act and the Regulations. I make the application in my capacity as the administrator/duly authorized signing officer of the administrator (*strike out inapplicable term*) of

\_\_\_\_\_ (the "Pension Plan") bearing the PCO  
*(State the name of the pension plan)*

registration number \_\_\_\_\_.

Attached is a certified copy of the amending document as well as any other document required to be filed under the Act.

**I DECLARE THAT:**

1. The documents filed with this Form include a certified copy of the amending document and that documents, as well as all other documents filed with this application, comply with the provisions of the Act and the Regulations;
2. I understand that the obligation to ensure that the documents filed with this Form comply with the Act and the Regulations is the responsibility of the administrator, and I declare that I have fulfilled that obligation and have complied with the provisions of the Act and the Regulations in making this application for registration; and,
3. I acknowledge that this declaration extends to compliance with the pension legislation of any designated jurisdiction within Canada, other than Ontario, where the legislation of a designated jurisdiction applies to members and former members of the pension plan.

I declare that I am aware of my obligations under the Act as administrator of the Pension Plan and that the above statements are true to the best of my knowledge and belief.

**DATED** at the City of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of administrator or authorized signing officer.

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name of administrator or authorized signing officer (*printed*)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address of Witness



Commission des  
régimes de retraite  
de l'Ontario

250, rue Yonge  
29e étage  
Toronto, (Ontario) M5B 2N7

*Formule 1.1 - Loi sur les régimes de retraite  
Règlement 909*

## DEMANDE D'ENREGISTREMENT D'UNE MODIFICATION APPORTÉE À UN RÉGIME DE RETRAITE

*(Écrire en caractères d'imprimerie)*

Numéro d'enregistrement attribué par la Commission des régimes de retraite de l'Ontario («Commission»):

Nom du régime de retraite:

Nom de l'employeur ou du promoteur:

Date de prise d'effet de la modification:

*(jour, mois, année)*

Numéro de la modification *(s'il y a lieu)*:

Préciser ce sur quoi porte la demande:

Transfert d'éléments d'actif

Répartition de l'excédent

Fusion de régimes

Conversion du régime

Remboursement de cotisations

Liquidation totale ou partielle  
du régime

Programme de retraite anticipée/  
de réduction des effectifs

Autre

**DÉCLARATION DE L'ADMINISTRATEUR**

Je soussigné \_\_\_\_\_, demande par les présentes l'enregistrement, aux termes de la Loi et des règlements, de la modification apportée au régime de retraite qui est décrite dans la présente formule. Je fais cette demande en ma qualité d'administrateur/de signataire dûment autorisé de l'administrateur (*raier le terme qui ne s'applique pas*) de

\_\_\_\_\_ (le «régime de retraite»)  
(*Nom du régime de retraite*)

dont le numéro d'enregistrement attribué par la Commission est \_\_\_\_\_ .

Sont annexés une copie certifiée conforme du document modificatif ainsi que les autres documents qui doivent être déposés aux termes de la Loi.

**JE DÉCLARE CE QUI SUIT:**

1. Les documents déposés en même temps que la présente formule comprennent une copie certifiée conforme du document modificatif, et ce document ainsi que tous les autres documents déposés en même temps que la présente demande sont conformes à la Loi et aux règlements.
2. Je comprends que la responsabilité de faire en sorte que les documents déposés en même temps que la présente formule soient conformes à la Loi et aux règlements incombe à l'administrateur. J'ai rempli cette obligation et je me suis conformé aux dispositions de la Loi et des règlements dans la présentation de la présente demande d'enregistrement.
3. Je reconnais que la présente déclaration s'étend à l'observation des lois sur les régimes de retraite de toute autorité législative désignée à l'intérieur du Canada, autre que l'Ontario, dans les cas où ces lois s'appliquent aux participants et anciens participants au régime de retraite.

Je déclare connaître les obligations que m'impose la Loi en ma qualité d'administrateur du régime de retraite et que les affirmations ci-dessus sont exactes, au mieux de ma connaissance et de ce que je tiens pour véridique.

**FAIT À** \_\_\_\_\_ , le \_\_\_\_\_ , 19\_\_\_\_\_.

\_\_\_\_\_  
Témoim

\_\_\_\_\_  
Signature de l'administrateur  
ou du signataire autorisé

\_\_\_\_\_  
Nom du témoin

\_\_\_\_\_  
Nom de l'administrateur  
ou du signataire autorisé  
(*en caractères d'imprimerie*)

\_\_\_\_\_  
Adresse du témoin