BC Financial Services Authority / Application for Registration of a Pension Plan (PBSA Section 13)

INSTRUCTIONS

1. All applicable information must be provided.
2. This information must be provided in typewritten or printed format.
3. See Part J: Requirement Checklist for information on the required documents to be submitted with this application.
4. Upon completion, please email this application and required documents to pensions@bcfsa.ca.
5. Ensure that all supporting documents exclude any personal or confidential information, including plan member names or identifying details.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, and section 13 of the Pension Benefits Standards Act (PBSA). The information is collected for the purpose of administering the PBSA. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600 - 750 West Pender Street, Vancouver, BC, V6C 2T8.

PART A: PLAN BASIC INFORMATION

Legal Name of Plan		
Plan Sponsor/Union Name		
Please provide the general contact information for the organization sponsoring the plan (e.g., main office phone number and a shared or departmental email address). Personal or individual contact details will be provided in Part C: Contact Information.	Organization Mailing Address	
	City	
	Province	
	Postal Code	
	Organization Phone Number	
	Organization Fax Number	
	Organization Email Address	
Effective Date of the Pension Plan		
Fiscal Year of the Pension Plan		

If known, please provide the CRA registration number:

Is this plan the result of a split from another registered pension plan?

◯ Yes (complete section below)

◯ No

Previous Plan Name	
Jurisdiction of Registration	
Jurisdiction Registration Number	

What is the type of benefit provided by the plan?

◯ Defined benefit

◯ Target benefit

◯ Defined contribution

◯ Combination (please describe):

BCFSA

PART B: PLAN SPONSOR / EMPLOYER(S) INFORMATION

Nature of Business of the Plan Sponsor/Participating Employer(s)

Nature of Business Category	

Nature of Business Description (please describe):

Provide NAICS code:

Please refer to the Statistics Canada website (www.statcan.gc.ca) for information about the types and classifications of businesses and industries (i.e., see the North American Industry Classification System (NAICS).

Number of Employer(s) Participating in the Plan

What is the number of employers participating in the pension plan?	

Is the plan a multi-employer plan?

◯ Yes ◯ No

A plan with more than one employer is not a multi-employer plan if all of the participating employers are affiliates within the meaning of the Business Corporations Act.

Is the pension plan established by, or supported through, a collective agreement?

◯ Yes (attach a copy of the collective agreement)

◯ No

Type of Organization

Is the plan sponsor(s) an Indigenous organization?

◯ Yes (complete section below)

◯ No

Is the plan sponsor(s) owned or affiliated with a band council?

◯ Yes (complete question below)

◯ No

Please describe the relation or services provided to the band council?

Please refer to the Office of the Superintendent of Financial Institutions (OSFI) definition of Indigenous band councils to ensure that the plan is being registered with the current jurisdiction

Indicate the type of organization of the employer(s):

Private Sector	**Public Sector**
◯ Incorporated	◯ Municipal Government
◯ Unincorporated (Partnership/Sole Proprietor)	◯ Municipal Enterprise
◯ Co-Operative	◯ Federal Government
◯ Trade or Employee Association	◯ Federal Enterprise
◯ Religious, Charitable or Not For Profit	◯ Provincial Government
◯ Other (Private): _____	◯ Provincial Enterprise
	◯ Other (Public): _____

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BCFSA

PART C: CONTACT INFORMATION

Plan Sponsor (required information)

Select the type of plan sponsor (Select one and complete the plan sponsor contact information below).

The contact must be a senior executive authorized to sign, on behalf of the sponsoring employer company, in matters affecting the pension plan, or for a trusteed plan, the chair of the board of trustees.

◯ Employer(s)

◯ Board of Trustees

Contact Name		Position/Title	
Direct Phone		Ext	
Fax		Direct Email	

Is the plan sponsor located at the same address provided in Part A?

◯ Yes

◯ No (complete section below)

Mailing Address					
City		Province		Postal Code	

Day-to-Day Administrator

Is there a day-to-day administrator?

◯ Yes (complete section below)

◯ No

Contact Name			Position/Title		
Organization Name			Direct Email		
Direct Phone		Ext		Fax	

Is the day-to-day administrator located at the same address provided in Part A?

◯ Yes

◯ No (complete section below)

Mailing Address					
City		Province		Postal Code	

Books and Records Location

Are books and records kept at the organization's address provided in Part A?

◯ Yes

◯ No (complete section below)

Contact Name			Position/Title		
Organization Name			Direct Email		
Mailing Address					
City		Province		Postal Code	
Direct Phone		Ext		Fax	

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Fundholder (required information)					
Contact Name			Position/Title		
Organization Name			Direct Email		
Mailing Address					
City		Province		Postal Code	
Direct Phone		Ext		Fax	

Actuary					
Does the plan have a benefit formula provision?					
◯ Yes (complete section below)					
◯ No					
Contact Name			Position/Title		
Organization Name			Direct Email		
Mailing Address					
City		Province		Postal Code	
Direct Phone		Ext		Fax	

Consultant					
Does the plan have a consultant?					
◯ Yes (complete section below)					
◯ No					
Contact Name			Position/Title		
Organization Name			Direct Email		
Mailing Address					
City		Province		Postal Code	
Direct Phone		Ext		Fax	

PART D: PLAN DETAILS

Indicate the type of funding instrument/arrangement

- ◯ Insurance company contract (fully insured or guaranteed)
- ◯ Insurance company contract (not fully insured or guaranteed)
- ◯ Trust agreement
- ◯ Pension fund society
- ◯ Government consolidated revenue fund
- ◯ Other (provide details): _____

Indicate the membership eligibility

Is participation in the pension plan mandatory or voluntary?

◯ Mandatory ◯ Voluntary ◯ Other (provide details): _____

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Which classes of employees are eligible to participate? Select all that apply.

- ☐ All employees
- ☐ Hourly
- ☐ Supervisory
- ☐ Non-union employees
- ☐ Salaried
- ☐ Executives (including significant shareholders/connected persons)
- ☐ Union employees
- ☐ Other (provide details): _____

Integration with Canada Pension Plan (CPP) or Quebec Pension Plan (QPP)

Is the contribution and/or benefit rate of the pension plan integrated with the contributions or benefits of CPP or QPP? (Select all that apply)

- ☐ No integration with CPP/QPP
- ☐ Benefit formula integrated with CPP/QPP
- ☐ Contribution rate integrated with CPP/QPP

PART E: PLAN CONTRIBUTIONS

Are the contributions set by a collective agreement?

◯ Yes ◯ No

Employer Contributions: Identify employer contribution rate or amount for normal cost (multiple entries acceptable)

- ☐ Employer pays balance of cost of pension, i.e. defined benefit plan (other than modified defined benefit)
  - ☐ _____ % of earnings (not integrated)
  - ☐ _____ % of earnings less the required C/QPP contributions
  - ☐ _____ % of earnings up to Year's Maximum Pensionable Earnings (YMPE)
  - ☐ _____ % of earnings above the YMPE
  - ☐ _____ $ per year
  - ☐ _____ $ per hour worked
  - ☐ _____ % based on employer profits with minimum of % of member's earnings
  - ☐ _____ Up to 18% of earnings (employer and member contributions), as prescribed by the Income Tax Act
- ☐ Other (provide details):
- ☐ Variable (provide details) (i.e. minimum amount, maximum amount, etc.):

Are these provisions consistent with both the plan text and member booklet(s)?

◯ Yes ◯ No (please describe): _____

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Required member contributions. Is the member required to contribute? ◯ **Yes (complete section below)** ◯ **No**

☐ Employer matches the member contributions (skip to the next question)

- ☐ _____ % of earnings (not integrated)
- ☐ _____ % of earnings less the required C/QPP contributions
- ☐ _____ % of earnings up to Year's Maximum Pensionable Earnings (YMPE)
- ☐ _____ % of earnings above the YMPE
- ☐ _____ $ per year
- ☐ _____ $ per hour worked
- ☐ _____ % based on employer profits with minimum of % of member's earnings
- ☐ _____ Up to 18% of earnings (employer and member contributions), as prescribed by the Income Tax Act

☐ Other (provide details):

☐ Variable (provide details) (i.e. minimum amount, maximum amount, etc.):

Are members allowed to make voluntary additional contributions?

◯ Yes ◯ No

Are these provisions consistent with both the plan text and member booklet(s)?

◯ Yes ◯ No (please describe): _____

PART F: PLAN BENEFITS

Normal age of retirement	

Indicate the pension formula for current service

◯ Final average earnings over the last _____ years

◯ Average best earnings - for the best _____ years

◯ Average best earnings - for the best _____ years of the last _____ years

◯ Career average earnings - year earnings base last updated _____. Are earnings indexed? ◯ Yes ◯ No

◯ Flat benefit

◯ Money purchase/ defined contribution

◯ Profit sharing

◯ Hybrid- better of defined benefit/defined contribution

◯ Composite/combination

◯ Defined benefit/Defined contribution

◯ Other (provide details):

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Indicate the current service benefits

_____ Defined contribution plan (benefit not prescribed)

_____ % of earnings for each year of service (not integrated)

_____ % of earnings for each year of service less all or part of C/QPP pension

_____ % of earning up to the YMPE for each year of service

_____ % of earnings above the YMPE for each year of service

_____ $ per month for each year of service

$ _____ per month for every _____ hours worked

Combination (provide details):

Other (provide details):

Does the pension plan text provide for any ancillary benefits? ◯ **Yes (select all that apply below)** ◯ **No**

- ☐ Disability benefits
- ☐ Cost of living adjustments
- ☐ Bridging benefits before age 65
- ☐ Supplemental benefits, other than bridging benefits, payable for a temporary period of time
- ☐ Joint and survivor pension in excess of those provided in Part 8 of the PBSA
- ☐ Other (provide details):

Does the pension plan text provide for any special retirement benefits? (i.e. No reduction in pension)

◯ **Yes (select all that apply below)** ◯ **No**

- ☐ Age _____
- ☐ Years of service _____
- ☐ Age plus service equals _____
- ☐ Combination of three conditions
- ☐ Other (provide details):

If two of the above are selected, which conditions must apply? ◯ Either ◯ Both

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PART G: BENEFIT FORMULA PROVISION PLAN ONLY (defined benefit provision, target benefit provision)

Is this plan a jointly sponsored pension plan?

◯ Yes ◯ No

Does the pension plan text provide for automatic increases to pensions in pay, or deferred pensions? (i.e. indexation relating to Consumer Price Index)

◯ **Yes (complete section below)** ◯ **No**

◯ Based on full consumer price index (CPI)

◯ Based on partial CPI

◯ Based on excess interest earnings

◯ Percentage increase that is not based on CPI (provide details):

◯ Other (provide details):

Indicate the normal form of pension outlined in the pension plan text (i.e. death benefits after pension commencement)

What is the normal form for single pensioner?

◯ Life annuity

◯ Pension guaranteed for _____ months

◯ Member contributions less pension payments made

◯ Total contributions less pension payments made

◯ Other (provide details):

Is the normal form of pension provided to a pensioner with a spouse a percentage of the retiree's pension?

◯ Yes (complete question below) ◯ No

_____ **% of retiree's pension**

Is the normal form of pension provided to a pensioner reduced to provide this type of benefit? ◯ **Yes** ◯ **No**

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PART H: PLAN PROVISION VERIFICATION CHECKLIST

Please describe the following plan provisions. The information provided should be consistent with the plan text and member booklet(s).

Employee Eligibility Period

Describe the employee eligibility requirements, including any waiting period before an employee becomes eligible to join the plan:

Is this provision consistent with both the plan text and member booklet(s)?

◯ Yes ◯ No (please describe): _____

Default Investment Fund for Member-Directed Investments

Describe the default investment fund that applies to member-directed investments (e.g., balanced fund, age-related fund, target date fund, etc.):

Is this provision consistent with both the plan text and member booklet(s)?

◯ Yes ◯ No (please describe): _____

Default Option for Non-Response (Defined Contribution Plans Only)

Describe the default option that applies if a member does not return an election form:

Retirement:

Termination:

Death:

Are these provisions consistent with both the plan text and member booklet(s)?

◯ Yes ◯ No (please describe): _____

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PART I: PLAN MEMBERSHIP

Provide Information for the number of active members

Province	Males	Females	Total	Federal*
British Columbia			0	
Alberta			0	
Saskatchewan			0	
Manitoba			0	
Ontario			0	
Quebec			0	
New Brunswick			0	
Nova Scotia			0	
Prince Edward Island			0	
Newfoundland and Labrador			0	
Yukon			0	
Northwest Territory			0	
Nunavut			0	
Outside Canada			0	
Total	0	0	0	0

*Federal Employment: Indicate the number of active members employed in an activity that is under the jurisdiction of the federal *Pension Benefits Standards Act*, 1985. Examples are aviation and airlines, banks, broadcasting and telecommunications, interprovincial and international transportation, marine navigation and shipping, railways, and employees who work and reside in the territories of Canada.

Provide information on the number of former members

Deferred Vested Members	Retirees and Beneficiaries	Total Former Members
		0

*When making an application for registration of a new pension plan, there will be former members only where the new pension plan results from a split of an existing pension plan, and some, or all, of the retirees or deferred vested members under the original plan are transferred to the new pension plan.

In all other cases, the number of former members will be zero (0).

Fee calculation

Active Members (x $8.35)	Former Members (x $7.30)	Total Fee Due (Minimum Fee: $250)
$ 0.00	$ 0.00	$ 250.00

*Section 138 of the Pension Benefits Standards Regulation prescribes the fees payable when making an application for registration of a pension plan. Please make the cheque payable to “BC Financial Services Authority”.

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PART J: REQUIREMENTS CHECKLIST

Documents to be submitted with application for registration

Please include copies of the following documents, as applicable, with the application for registration.

NOTE: *Digital signatures are acceptable. Unless otherwise noted, documents must be submitted as certified copies.*

Documents creating and supporting the pension plan (PBSA Section 13)

- ☐ Pension plan text document
- ☐ Record authorizing establishment of the plan

For non-collectively bargained multi employer plans only:

- ☐ Participation agreement referred to in section 36(1)(a)
- ☐ List of all participating employers who have signed the participation agreement, as required under section 36(1)(b)

For collectively bargained plans only:

- ☐ Collective agreement establishing or supporting the pension plan

Documents creating and supporting the pension fund (PBSA Section 13)

- ☐ Provide one of the following that creates and supports the pension fund
  - ☐ Trust deed or trust agreement
  - ☐ Insurance contract
- ☐ Bylaw(s) and resolution(s) relating to the operation of the plan

Signed Form 5: Administrator Statement of Compliance (PBSA Section 13)

- ☐ Signed Administrator Statement of Compliance as requested in Section 13 of the PBSA

Member Disclosure Materials

Provide copies of the following information that will be provided to members:

- ☐ Member booklet/plan summary that will be provided to individuals eligible to become members (PBSR section 29)
- ☐ Sample Annual Member Statement provided to plan members (PBSR section 30, 31)

Additional requirements for plans with a benefit formula provision (Section 13(b))

- ☐ Initial actuarial valuation report meeting the requirements of section 38 (1) (b) (i)
- ☐ Cost certificate, in the form required by the superintendent, meeting the requirements of section 38 (1) (b) (ii)

Registration Fee

- ☐ Registration fee sent using the payment calculated in Part I: Plan Membership.

  If paying by cheque, please make it payable to "BC Financial Services Authority" indicating the name of the pension plan and purpose of payment as new plan registration and send to:

  BC Financial Services Authority
  Office of the Superintendent of Pensions
  Suite 600-750 West Pender Street
  Vancouver, B.C. V6C 2T8

  Or contact our office at (604) 660-3555 or by email pensions@bcfsa.ca for alternative payment instructions.

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FORM 5
(section 17)

ADMINISTRATOR STATEMENT OF COMPLIANCE – PLAN REGISTRATION

WHEN TO USE THIS FORM

An administrator is required by section 13 (c) of the *Pension Benefits Standards Act* (the "Act") to file a statement with an application for registration of a pension plan that, in the opinion of the administrator, the plan documents comply with the Act and the Regulations under the Act. The issuance by the Superintendent of Pensions (the "superintendent") of a certificate of registration for a pension plan registered under the Act may be made based on this statement. Administrators are reminded that the superintendent has the power to refuse to register any pension plan if, in the opinion of the superintendent, the records filed under section 13 of the Act in relation to a pension plan do not comply with the Act and the Regulations.

I _____, [name of administrator] the administrator of

_____, [name of pension plan],

attach an application for registration of a pension plan dated _____, [MM/DD/YYYY] and CERTIFY THAT:

1. It is my opinion that the plan documents filed with this statement comply with the Act and the Regulations.
2. I acknowledge that the obligation to determine compliance of the plan documents filed with this statement is the responsibility of the administrator, and I declare that I have fulfilled that responsibility and, in making this application, have complied with the Act and the regulations.
3. I confirm that the following documents have been established in accordance with the requirements of the Act:

   (a) a governance policy that meets the requirements of section 42 (1),

   (b) a statement of investment policy and procedure that meets the requirements of section 43 (1), and

   (c) a funding policy that meets the requirements of section 44.

I declare that the above statements are true to the best of my knowledge and belief and I make these statements conscientiously believing them to be true.

DATED at _____, British Columbia, on _____ [MM/DD/YYYY]

_____

SIGNATURE OF ADMINISTRATOR OR AUTHORIZED OFFICER

_____

[TYPE OR PRINT NAME]

NOTE: The administration of a pension plan in a manner that does not comply with the Act and the Regulations may be subject to an administrative penalty under section 116 of the Act or may be an offence under section 123 of the Act. In addition, an administrator may be subject to a direction for compliance under section 113 of the Act issued by the superintendent relating to, among other matters, the manner of administration of a pension plan.

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