BC Financial Services Authority / Application for Registration of an Amendment to a Pension Plan (PBSA section 18)

INSTRUCTIONS

1. All applicable information must be provided.
2. This information must be provided in typewritten or printed format.
3. See Part D: 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.

When to complete the application for registration of an amendment to a pension plan

Use this form to notify BC Financial Services Authority of any amendments to the pension plan text or plan provisions. It must be completed and submitted each time a change is made, regardless of the nature or scope of the amendment. Per section 18 of the Pension Benefits Standards Regulation (PBSR), required records must be filed within 60 days of a plan amendment or within 60 days of the superintendent's request for additional records (or sooner if specified).

PART A: PLAN BASIC INFORMATION

Legal Name of Plan	
Plan Sponsor/Union Name	
Provincial Registration Number (e.g.: 8xxxx-x)	
CRA Registration Number	

What is the type of benefit provided by the plan?

◯ Defined benefit	◯ Combination (please describe):
◯ Target benefit	
◯ Defined contribution	

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

- ◯ Single employer
- ◯ More than 1 employer, not a multi-employer plan*
- ◯ Multi-employer plan

*A plan is not a multi-employer plan if all participating employers are affiliates within the meaning of the Business Corporations Act

Current Plan Administrator's Contact

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

Classification: Protected - A

PART B: NATURE OF AMENDMENT (Select all that applies and answer all applicable questions)

Provide amendment number (if applicable):

☐ **CRA-requested changes not impacting member pension entitlements**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Changes to align with administrative practices not impacting member pension entitlements**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Update to default options/ actions**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Change of plan name / plan sponsor name**

Is the legal name of the plan changing?

◯ Yes (complete section below) ◯ No

Effective Date of Change	
Provide New Legal Plan Name	

Is the plan sponsor name changing?

◯ Yes (provide details of change below) ◯ No

Effective Date of Change	
Provide New Plan Sponsor Legal Name	

Is the new plan sponsor name the result of a change in entity (e.g., merger, acquisition, restructuring)?

◯ Yes ◯ No

Provide additional details on the reason for the change of entity:

Do you require superintendent's permission for transfer of assets?	◯ Yes (provide details below)	◯ No			
Provide the effective date of transfer (YYYY/MM/DD)					
If applicable, provide additional details:					

Is the plan sponsor location changing as a result?	◯ Yes (provide details below)	◯ No			
Mailing Address					
City		Province		Postal Code	
Are any of the plan contacts changing as a result?	◯ Yes (provide new contact(s) information below)	◯ No			

New Employer/Plan Sponsor Contact

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

New Day-to-Day Administrator Contact

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

☐ **Updates to align with legislation**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Changes to contribution rate / formula**

Effective Date of Change	

Please select one: ◯ Increase in contributions ◯ Decrease in contributions

Employer contributions: Identify the new contribution rate under the amendment (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
- ☐ Variable (provide details) (i.e. minimum amount, maximum amount, etc.):
- ☐ Other (provide details):

Member contributions: Identify the new contribution rate under the amendment (multiple entries acceptable)

Is the member required to contribute? ◯ Yes ◯ No

- ☐ Member contribution formula:
  - ☐ _____ % 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
- ☐ Variable (provide details) (i.e. minimum amount, maximum amount, etc.):
- ☐ Other (provide details);

Employer matches the member contributions:

◯ Yes (please describe the matching formula): _____

◯ No

Are members allowed to make voluntary additional contributions? ◯ Yes ◯ No

NOTE: According to sections 40 (1)&(2) of the Pension Benefits Standards Act a notice is required to be provided to the members of any changes to contributions at least 30 days before the effective date of change.

Have you attached the member notice:

◯ Yes

◯ No (please provide a reason): _____

☐ **Changes to participating employer(s)**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Merger/split**

Effective Date of Change			
Is this plan the result of a split from another registered pension plan? ◯ Yes (provide other plan's information below) ◯ No			
Other Plan Name			
Jurisdiction of Registration		Jurisdiction Registration Number	

Is an identifiable group of members and their benefit entitlements/ assets transferring to or from another pension plan?

◯ Yes (provide details below) ◯ No

Please describe the impact of the merger or split on the plan's assets, membership, and members' benefit entitlements:

☐ **Changes to benefit entitlement (e.g., accrual rates, service or earnings/ pay definitions, or any provision that impacts the pension entitlement formula or past service benefits)**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Increases to pensions in pay or deferred pensions**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

☐ **Eligibility for membership**

Effective Date of Change	

Indicate the class or classes of employees who would be eligible to join the plan under the amendment.

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

Please describe the changes and list the sections of the plan text document being amended:

☐ **Changes to plan benefit type / structure (DB → DC or DB→ TB)**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

Target Benefit Plan Conversion

If the amendment is to convert a multi-employer plan that is a negotiated cost plan from defined benefit provision to a target benefit provision, and such conversion may reduce accrued benefits. Has the trade union consented to the conversion?

◯ Yes ◯ No

☐ **Other amendments (please describe)**

Effective Date of Change	

Please describe the changes and list the sections of the plan text document being amended:

PART C: AMENDMENT ADDITIONAL INFORMATION

☐ **Consent of superintendent**

Do any of the changes require consent or approval from the Superintendent of Pensions? If so, please set out the nature of the consent or approval required and the section reference from the Pension Benefits Standards Act or Regulation.

☐ **Actuarial valuation (benefit formula provision plans only)**

If the provision being amended is either DB or TB, does the amendment:

☐ increase the participating employer's or employers' current service costs?

☐ create an unfunded actuarial liability?

☐ create a solvency deficiency?

If the answer to any of the above is "Yes," please ensure that a new actuarial valuation report is prepared or the current actuarial valuation report is revised as of the effective date of the amendment.

☐ **Termination**		
Does the amendment result in the full termination of the plan?	◯ Yes (provide details below)	◯ No
Effective Date of Termination		

Provide the reason for termination:

Is the pension plan being replaced by one of the following:

- ☐ a registered retirement savings plan
- ☐ a deferred profit-sharing plan
- ☐ No replacement vehicle
- ☐ Other (please describe):

Please refer to the Plan Termination Requirements and Checklist Regulatory Statement for guidance on the process for terminating a pension plan, including required documentation and applicable timelines.

PART D: REQUIREMENTS CHECKLIST

Required documents to be submitted with application for registration of an amendment to a pension plan

Please include copies of the following documents, with the application for registration.
Unless otherwise noted, documents must be submitted as certified copies.

- ☐ Signed Form 6 (digital signatures are acceptable)
- ☐ Certified copy of the amendment
- ☐ Supporting documents, including (as applicable):
  - ☐ consolidated/ restated plan text
  - ☐ summary of changes or redlined plan text showing changes being made
  - ☐ board resolution
  - ☐ sales agreement
  - ☐ trade union consent
  - ☐ any other relevant supporting documents
  - ☐ copy of the member communication
  - ☐ actuarial valuation report or cost certificate

BC Financial Services Authority

FORM 6
(section 19)

ADMINISTRATOR STATEMENT OF COMPLIANCE – AMENDMENT TO PLAN TEXT DOCUMENT

WHEN TO USE THIS FORM

An administrator is required by section 18 (b) of the *Pension Benefits Standards Act* (Act) to file a statement with a certified copy of an amendment to the plan text document of a pension plan that, in the opinion of the administrator, the amendment complies with the Act and the regulations under the Act. The issuance by the Superintendent of Pensions (superintendent) of a notice of registration for an amendment to a plan text document of a pension plan registered under the Act may be made based upon this statement. Administrators are reminded that the superintendent has the power to refuse to register or to revoke the registration of an amendment to a plan text document that does 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 amendments to the plan text document filed with this statement complies with the Act, the regulations.
2. I acknowledge that the obligation to determine compliance of the amendment 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. A summary of the changes made by the amendment and a list of the sections of the plan text document that have been amended are attached.

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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