

INSTRUCTIONS

1. All applicable information must be provided
2. This information must be typewritten or printed
3. Upon completion, please forward this form and all attachments to:

BC Financial Services Authority
 600-750 West Pender Street
 Vancouver, B.C. V6C 2T8
 Email: Pensions@bcfsa.ca

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 18 of the *Pensions Benefits Standards Act*. The information is collected for the purpose of administering the *Pensions Benefits Standards Act*. If you have any questions about the collection or use of this information, please contact the BC Financial Services Authority at 604.660.3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

PART A - GENERAL INFORMATION – PLAN SPONSOR/ADMINISTRATOR

Legal Name of Plan				
Plan Sponsor or Administrator				
Plan Administrator Contact If plan is trustee, Chair of the Board of Trustees (Required Information)	Name		Position or Title	
	Address			
	Phone		Email	
	Fax			

PART B - PLAN TYPE

Benefits provided: <input type="checkbox"/> Defined Contribution (DC) <input type="checkbox"/> Defined Benefit (DB) <input type="checkbox"/> Target Benefit (TB)	Employer(s): <input type="checkbox"/> Single Employer <input type="checkbox"/> More than 1 employer, not a multi-employer plan* <input type="checkbox"/> Multi-Employer Plan *A plan is not a multi-employer plan if all participating employers are affiliates within the meaning of <i>Business Corporations Act</i>
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PART C - NATURE OF AMENDMENT

Does the amendment affect:

<input type="checkbox"/> Eligibility for membership <input type="checkbox"/> Normal retirement age <input type="checkbox"/> Integration with CPP/QPP <input type="checkbox"/> Employee contribution rate <input type="checkbox"/> Employer contribution rate	<input type="checkbox"/> Benefit formula (for DB or TB provisions) <input type="checkbox"/> Determination of average earnings (for DB or TB) <input type="checkbox"/> Provision of increases to pensions in pay or deferred pensions <input type="checkbox"/> Ad hoc increased to pensions in pay or deferred pensions <input type="checkbox"/> Other (please describe)
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For any of the amendments described above, please set out the nature of the change. For example, "Employee required contributions are being changed from x% of earnings to y% of earnings."

PART D - SECTIONS OF PLAN TEXT DOCUMENT

Please list the sections of the plan text document being amended.

PART E - 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.

PART F - ACTUARIAL VALUATION

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; or
- 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.

PART G - TARGET BENEFIT PLAN CONVERSION

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

- Yes, the trade union has consented to the conversion
- No, trade union consent is not required

PART H - PLAN TERMINATION

Does the amendment result in the full termination of the plan?

- Yes
- No

If the answer above is "Yes," is the plan being replaced by:

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

Please describe if "Other."

