



BC FINANCIAL SERVICES AUTHORITY

FILING OF AMENDMENT TO A SUPPORTING PLAN DOCUMENT (PBSA Section 26)

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:

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.

PART A - GENERAL INFORMATION - PLAN SPONSOR/ADMINISTRATOR

Form with fields for Legal Name of Plan, Plan Sponsor or Administrator, Plan Administrator Contact (Name, Position or Title, Address, Phone, Fax, Email).

PART B - DOCUMENT BEING AMENDED

Form with checkboxes for Trust Agreement, Contract for insurance, Summary provided to plan members, Collective Agreement, Other (Please describe):

PART C - NATURE OF AMENDMENT

Text area for describing the nature of the changes.

PART D - SECTIONS OF SUPPORTING PLAN DOCUMENT BEING AMENDED

Text area for listing the sections of the supporting plan document being amended.

CERTIFICATION

(Schedule 3, Form 7, B.C. Reg. 219/15)

ADMINISTRATOR STATEMENT OF COMPLIANCE –

AMENDMENT TO SUPPORTING PLAN DOCUMENT

WHEN TO USE THIS FORM

An administrator is required by section 26 (1) (b) of the Pension Benefits Standards Act (the "Act") to file a statement with a certified copy of a record setting out an amendment to a supporting plan document of a pension plan that, in the opinion of the administrator, the amendment complies with the Act and the regulations under the Act.

I _____ [name of administrator], the administrator of _____, [name of pension plan], attach a certified copy of a record setting out an amendment dated _____ [MM/DD/YYYY], to a supporting plan document of the pension plan that bears British Columbia registration number _____, and CERTIFY THAT

1. It is my opinion that the amendment to the supporting plan document filed with this statement complies with the Act and 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 supporting plan 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.