



Form 1 Application for Registration of Pension Plan

(Please read the instructions for Application for
Registration before completing this application)

For Office Use Only

File No.

Digital Government and Service NL
Pension Benefit Standards Division
2nd Floor, West Block, Confederation Bldg
P. O. Box 8700
St. John's, NL, A1B 4J6
Telephone: (709) 729-1039
Email: PensionRegulation@gov.nl.ca

1 Name and address of employer or association (see instructions)

A. Name		
B. Address of head office		
City	Province	Postal code
C. Mailing address in Canada if other than 1B		
City	Province	Postal code
D. Telephone number	E. Email Address	

2 Names and addresses of other employers that employee members covered by this plan (see instructions)

A. Employers associated through ownership	
B. Are any employers associated through the nature of their business? (if "yes", please attach list)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

3 Nature of business (see instructions)

A. Indicate the main activity or activities of your business. For each activity, check one of the following boxes to indicate whether or not the activity falls under the category of "included employment".	"included employment" (Federal jurisdiction)	Other than "included employment" (Provincial jurisdiction)
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

4 Type of organization

<input type="checkbox"/> Municipality	<input type="checkbox"/> Federal crown corporation	<input type="checkbox"/> Sole proprietorship
<input type="checkbox"/> Municipal enterprise	<input type="checkbox"/> Incorporated company (other than a crown corporation)	<input type="checkbox"/> Association
<input type="checkbox"/> Province	<input type="checkbox"/> Partnership	<input type="checkbox"/> Co-operative
<input type="checkbox"/> Provincial crown corporation	<input type="checkbox"/> Other (describe) _____	

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PRIVACY NOTICE

Under authority of the *Pension Benefits Act, 1997*, personal information is collected by the Pension Benefit Standards Division in order to perform annual supervision of pension plans. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. If you have any questions about the collection or use of this information please contact us at: Pension Benefit Standards Division, Digital Government and Service NL, P. O. Box 8700, St. John's, NL A1B 4J6 or by calling (709) 729-1039.

Identification

A. Official name of plan
B. Carrier and policy or trust number, if any
C. Name and address of administrator (see instructions)
D. Name and address of corporate trustee, if any
E. Name and address of individual trustees, if any (attach list if necessary)
F. Name and address of insurance company, if any
G. Name and address of consultant, if any

Plan details

A. Effective date of plan	Y Y Y Y	M	M	D	D		B. Plan year ends on	Y Y Y Y	M	M	D	D
	/		/					/		/		
C. Was the plan established by virtue of a collective agreement or decree? (if "yes", please send a copy of the collective agreement or decree)												
Yes <input type="checkbox"/> No <input type="checkbox"/>												

Information to members

Has each member received a copy of the pension plan or a written explanation of the terms and conditions of the plan and of his/her rights and duties thereunder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Employees on payroll and plan membership, by area of employment

Area of employment	Employees on payroll	Plan members		Number of members from columns (a) and (b) working in "included employment"
		(a) Male	(b) Female	
Newfoundland and Labrador	_____	_____	_____	_____
Prince Edward Island	_____	_____	_____	_____
Nova Scotia	_____	_____	_____	_____
New Brunswick	_____	_____	_____	_____
Québec	_____	_____	_____	_____
Ontario	_____	_____	_____	_____
Manitoba	_____	_____	_____	_____
Saskatchewan	_____	_____	_____	_____
Alberta	_____	_____	_____	_____
British Columbia	_____	_____	_____	_____
Yukon	_____	_____	_____	_____
Northwest Territories	_____	_____	_____	_____
Nunavut	_____	_____	_____	_____
Outside Canada	_____	_____	_____	_____
Total	_____	_____	_____	_____

Please check the items included with this application form

- ☐ Certified copy of the pension plan text, and amendments (if any)
- ☐ Certified copy of trust deed(s)
- ☐ Certified copy of insurance contract(s)
- ☐ Certified copy of by-law(s)/board resolution(s)
- ☐ Actuarial Report / Cost certificate
- ☐ Employees' booklet
- ☐ Certified copy of the collective agreement or decree (see item 6C)
- ☐ Financial statement or list of investments
- ☐ Fee (as per fee schedule, below)

Fees Payable

This Application for Registration of Pension Plan required under Section 18(1) of the *Pension Benefits Act, 1997* and Directive No. 1 shall be accompanied by a fee of:

- \$10.00 for each member of the pension plan; and
- \$5.00 for each former member of the pension plan.

The fee payable shall not be less than \$200 or more than \$12,500.

Certification

As an authorized officer of the administrator of the pension plan noted above, I hereby make application for registration of the pension plan identified in this form under the *Pension Benefits Act, 1997* and any other pension benefits legislation to which this plan is subject.

I certify that to the best of my knowledge and belief,

- (a) the information given in all forms and documents relating to this application is true and correct.
- (b) the plan and fund shall be administered in accordance with the terms of the applicable pension benefits legislation.
- (c) the administrator has established a written statement of investment policies and procedures in accordance with Section 39 of the *Pension Benefits Act Regulations*.
- (d) the statement of investment policies and procedures complies with Section 39 of the *Pension Benefits Act Regulations*.
- (e) the assets of the pension plan shall be invested in accordance with Section 39 of the *Pension Benefits Act Regulations*.

Signature

Name in Block Letters

Date

Title of Person

Company

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Remittance: \$ _____

Date of Receipt: _____

Receipt No: _____

Processed By: _____