

**Office of the Superintendent  
Pension Commission**

Manitoba Financial Services Agency  
500 – 400 St. Mary Avenue  
Winnipeg, MB R3C 4K5  
Phone No. (204) 945-2740



# APPLICATION FOR REGISTRATION OF A PENSION PLAN

## UNDER THE PENSION BENEFITS ACT OF MANITOBA

**NOTE:** Plans whose only members are “connected persons” as defined under the *Income Tax Act* (Canada) do NOT file with this office

The remittance should be made payable to **the MINISTER OF FINANCE** and mailed together with this form to:

500 – 400 St. Mary Avenue  
Winnipeg, MB R3C 4K5

GENERAL INFORMATION – PLAN SPONSOR / ADMINISTRATOR					
Official Name of the Pension Plan					
Plan Sponsor/ Employer's Name					
Person who represents Plan Sponsor/Employer	Name:		Position or Title:		
	Address:				
	Telephone:		Fax:		Email:
Plan Administrator	<p>Is the plan administered by the employer? ___ Yes ___ No</p> <p>Is the plan administered by a person or body or group authorized in law to administer the plan? ___ Yes ___ No</p> <p>Is the plan administered by a pension committee? ___ Yes ___ No</p> <p><i>If yes, the committee must be established and begin administering the plan within 120 days of the effective date of the plan (complete Appendix 1).</i></p>				
Person who represents Plan Administrator (REQUIRED FIELD)	Name:		Position or Title:		
	Address:				
	Telephone:		Fax:		Email:

CONTACT INFORMATION - PLAN SERVICE PROVIDERS			
Name and Address of Fund Holder (REQUIRED FIELD)	Company Name:		
	Address:		
	Policy/Trust Account Number		
Name and Address of Actuary  (REQUIRED FIELD if the plan has a Defined Benefit)	Name:		Position or Title:
	Company Name:		
	Address:		

provision)	Telephone:		Email:	
Name of Consultant (REQUIRED FIELD if different from Actuary or Fund Holder)	Company Name:			
	Address:			
	Telephone:			
If needed, attach a sheet containing all other applicable contacts (i.e. third party administrators; plan auditor, custodian, etc.)				

## NATURE OF BUSINESS

Are any plan members employed in federally regulated activities or industries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please use the following NAICS Codes and Industry Descriptions to select the main activity of your business. **Select ONLY one code:**  
**More information on NAICS can be found at:**  
<http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVDPPage1&db=imdb&dis=2&adm=8&TVD=118464>  
**OR you can call Statistics Canada at 1-800-263-1136 for assistance in determining your NAICS / Industry Classification Code**

NAICS		INDUSTRY DESCRIPTION	NAICS		INDUSTRY DESCRIPTION
11	<input type="checkbox"/>	Agriculture, Forestry, Fishing and Hunting	52	<input type="checkbox"/>	Finance and Insurance
21	<input type="checkbox"/>	Mining, Quarrying, and Oil and Gas Extraction	53	<input type="checkbox"/>	Real Estate and Rental and Leasing
22	<input type="checkbox"/>	Utilities	54	<input type="checkbox"/>	Professional, Scientific and Technical Services
23	<input type="checkbox"/>	Construction	55	<input type="checkbox"/>	Management of Companies and Enterprises
31	<input type="checkbox"/>	Manufacturing - Food, Beverage, Tobacco, Clothing, Textile & Leather	56	<input type="checkbox"/>	Administrative and Support, Waste Management and Remediation Services
32	<input type="checkbox"/>	Manufacturing - Wood, Paper, Printing, Chemical, Petroleum, Metal etc.	61	<input type="checkbox"/>	Educational Services
33	<input type="checkbox"/>	Manufacturing - Electronic, Machinery, Furniture, Transportation & Misc.	62	<input type="checkbox"/>	Health Care and Social Assistance
41	<input type="checkbox"/>	Wholesale Trade	71	<input type="checkbox"/>	Arts, Entertainment and Recreation
44	<input type="checkbox"/>	Retail Trade	72	<input type="checkbox"/>	Accommodation and Food Services
48 / 49	<input type="checkbox"/>	Transportation and Warehousing	81	<input type="checkbox"/>	Other Services (except Public Administration)
51	<input type="checkbox"/>	Information and Cultural Industries	91	<input type="checkbox"/>	Public Administration

## TYPE OF ORGANIZATION

Public Sector		Private Sector	
Municipal Government	<input type="checkbox"/>	Incorporated	<input type="checkbox"/>
Municipal Enterprise	<input type="checkbox"/>	Unincorporated Business (sole proprietor or partnership)	<input type="checkbox"/>
Federal Government	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>
Federal Enterprise	<input type="checkbox"/>	Trade or Employee Association	<input type="checkbox"/>
Provincial Government	<input type="checkbox"/>	Religious, Charitable or Other Non-profit Organization	<input type="checkbox"/>
Provincial Enterprise	<input type="checkbox"/>	Other (Private) :	<input type="checkbox"/>

Other (Public) :	<input type="checkbox"/>
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PLAN CLASSIFICATION	
How many employers (affiliated or not) participate in this plan?  <input type="text"/>  If more than one complete Appendix 2	Are the employer contributions to the plan collectively bargained?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, provide a copy of the collective agreement or decree

PLAN DETAILS																	
Does this plan have any <b>Defined Benefit</b> provisions?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>EFFECTIVE DATE OF PLAN:</b> <table border="1"> <thead> <tr> <th colspan="4">YEAR</th> <th colspan="2">MONTH</th> <th colspan="2">DAY</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	YEAR				MONTH		DAY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR				MONTH		DAY											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<b>PLAN FISCAL YEAR END:</b> NOTE: The plan's Fiscal Year End is 12-31 unless the plan text defines a different date.	<table border="1"> <thead> <tr> <th colspan="2">MONTH</th> <th colspan="2">DAY</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	MONTH		DAY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
MONTH		DAY															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
<b>PLAN REVIEW DATE</b> (for plans with defined benefit provisions only): NOTE: The pension plan's review date is 12-31 or the same as the plan's Fiscal Year end, unless the plan text defines a different date.	<table border="1"> <thead> <tr> <th colspan="2">MONTH</th> <th colspan="2">DAY</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	MONTH		DAY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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Note: <ul style="list-style-type: none"> <li>The plan must have a Statement of Investment Policies and Procedures (SIPP) as per section 3.23 of the Regulation.</li> <li>Further, if the plan has Defined Benefit provisions, the SIPP must be filed with the actuary</li> </ul>																	

What instrument of underwriting is being used? (Check one or more)			
Non specific	<input type="checkbox"/>	Insurance company contract - Unclassified	<input type="checkbox"/>
Insurance company contract – Individual or Group Annuities	<input type="checkbox"/>	Trust Agreement – Trust Company	<input type="checkbox"/>
Insurance company contract – Deposit Administration	<input type="checkbox"/>	Trust Agreement – Individual Trustee	<input type="checkbox"/>
Insurance company contract – Segregated Funds – Individual Acct	<input type="checkbox"/>	Pension Fund society	<input type="checkbox"/>
Insurance company contract - Segregated Funds – Pooled Funds	<input type="checkbox"/>	Government Consolidated Revenue Fund	<input type="checkbox"/>
Insurance company contract - Segregated Funds - Unknown	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>

**MEMBERSHIP**

Designated Province – Area of Employment	Plan Members on Payroll	
	Male	Female
Alberta		
British Columbia		
Manitoba		
New Brunswick		
Newfoundland and Labrador		
Northwest Territory		
Nova Scotia		
Nunavut		
Ontario		
Prince Edward Island		
Quebec		
Saskatchewan		
Yukon Territories		
Employment under federal jurisdiction		
Outside Canada		
<b>Total</b>		

**FILING FEE**

In accordance with Section 2.3 of the Pension Benefits Regulation (Regulation), a fee is required in respect of each active plan member on payroll in a designated Province and area of employment but in no event less than \$120.00.

<u>Number of Plan Members</u>	<u>Fee</u>
1 – 16	\$ 120.00 (minimum)
17 – 2499	\$ 7.20 (per member)
2500 and over	\$18,000.00 (maximum)

*(Example: 17 employees x \$7.20 = \$122.40)*

Filing fee to be remitted \$ \_\_\_\_\_ and made payable to the Minister of Finance.

## FILING OF DOCUMENTS (HAVE YOU CHECKED THE APPROPRIATE BOXES?)

The application and accompanying documents must be filed with the Office of Superintendent – Pension Commission (OSPC) no later than 60 days after the decision to establish the plan is made.

The following signed documents have been included with the application for registration:

<input type="checkbox"/>	Pension Plan Text
<input type="checkbox"/>	Fund Holder Agreement(s)
<input type="checkbox"/>	All other supporting documents of the plan (including resolutions of the plan's governing body)
<input type="checkbox"/>	Appendix 1 or 2 (if required)
<input type="checkbox"/>	Employee booklet or Plan summary
<input type="checkbox"/>	Initial Actuarial Valuation and Cost Certificate (if the plan has a Defined Benefit provision)

### ADMINISTRATOR'S CERTIFICATION

I hereby make application for registration of the pension plan identified in this form under *The Pension Benefits Act* of Manitoba and any other pension legislation of another jurisdiction to which this pension plan is subject.

I certify that the information given in all forms and documents relating to this application are true and correct to the best of my knowledge and belief.

I am the authorized person who represents the plan administrator as defined in Section 28.1 of the Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

If the name and address of the administrator changes at any time after the filing of the application, the superintendent must be notified in writing within 60 days after that change.

### **Who may be administrator**

**28.1(1)** A pension plan must be administered by the following person or body:

- (a) in the case of a multi-unit pension plan, by a board of trustees in accordance with subsection 26.1(4);
- (b) in the case of a jointly trustee plan, by a board of trustees with at least as many trustees representing members of the plan as there are trustees representing the employer;
- (c) in the case of a simplified money purchase pension plan, by an administrator as defined in the regulations;
- (d) in the case of a plan with fewer than the prescribed number of members, by the employer;
- (e) where an Act of the Legislature makes a board, agency or commission responsible for its administration, by that board, agency or commission;
- (f) in any other case, by a pension committee or as otherwise prescribed.

Effective date of the plan is the date that benefits for current employment were first recognized by the plan.

## HIGHLIGHTS OF PROVISIONS/REQUIREMENTS UNDER THE PENSION BENEFITS ACT

### **Documents to be filed to maintain on-going registration**

<b>DOCUMENT NAME</b>	<b>PERIOD REQUIRED</b>	<b>TIME LIMIT FOR SUBMISSION</b>
Application for Registration with filing fee, Subsection 18(2) of the Act and Section 2.3 of the Regulation	Upon Application	Within 60 days of the effective date of the plan
Trust Deed, Insurance Contract, By-law, Collective Agreement or other documents under which a plan is constituted, Subsection 18(2) of the Act and Section 2.3 of the Regulation	Upon Application	Within 60 days of the effective date of the plan
Annual Information Return with filing fee, Section 3.26 of the Regulation	Annually	Within 180 days after the plan year end
Actuarial Valuations and/or Cost Certificates, Section 4.15 of the Regulation	Triennially (Annually if Solvency ratio <0.9)	Within 270 days after the review date. For new plans, 60 days after the plan's establishment
Amendments to the plan or documents that support its operation, Section 2.7 of the Regulation	Immediately	Within 60 days after the amendment is made

## INFORMATION TO PLAN MEMBERS AND OTHERS

The administrator shall provide the documents as per Section 3.31 of the Regulation.

### Employee Booklet

Each employee who is eligible to become an active member of a pension plan shall receive an explanation of the plan as per Section 3.32 of the Regulation.

### Amendments to plan or documents that support its operation

A written explanation of any amendment which may affect the benefits or obligations of the member shall be provided to persons indentified as per Subsection 2.7(2) of the Regulation.

### Retirement

A statement must be provided as per Section 3.35 of the Regulation.

### Termination of Active Membership

A statement must be provided as per Section 3.34 of the Regulation.

### Death of a Member

A statement must be provided as per Section 3.36 of the Regulation.

A statement must be provided as per Section 2.37 of the Regulation.

### Division of Pension or Pension Benefit Credit on Relationship Breakdown

A statement must be provided as per Section 11.11(1) of the Regulation.

### Termination of a Plan

A statement must be provided as per Section 7.9 of the Regulation.

*[Note: No pension plan shall be wound up or terminated as of a date prior to the date on which the Commission is notified as per Subsection 26(4) of the Act.]*

### Variable Benefits

An annual statement must be provided as per Section 6.10 of the Regulation.

A statement must be provided after death of VB participant as per Section 6.11 of the Regulation.

## TIMING FOR PAYMENT OF MEMBER AND EMPLOYER CONTRIBUTIONS

Member required and voluntary contributions	Must be remitted not later than 30 days after the end of the month in which the contributions are received by the employer from the employee or are deducted from the employee's remuneration
Employer required contributions to Defined Contribution Plans	If related to the profits of the employer (except any minimum required contributions), must be remitted within not later than 90 days after the end of the plan fiscal year.
	If not related to the profit of the employer, (or are minimum required contributions) must be remitted within not later than 30 days
Employer's portion of normal actuarial cost for current service to Defined Benefit Plans	Must be paid within not later than 30 days after the end of the period for which they are payable
Special payments	Must be paid not later than 30 days after the end of the period for which they are payable

## APPENDIX 1 – PENSION COMMITTEE MEMBERS

List all pension committee members at the plan fiscal year end along with a designation code as follows:

- A – Elected/Appointed by Plan Members
- E – Appointed by Plan Sponsor/Employer
- N – Non-voting Committee Members

	NAME	CODE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*If the plan is required to be administered by a pension committee, the committee must be established and begin administering the plan within 120 days of the effective date of the plan.*

## APPENDIX 2 – PARTICIPATING EMPLOYERS

	Name of Participating Employers	Effective Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		