



## Application to Register a Pension Plan

- As the pension plan **administrator**, you must fully complete this form when you request registration of a pension plan under subsection 147.1(2) of the *Income Tax Act*.
- All questions on the form must be answered unless you are instructed otherwise. Incomplete forms will be considered incomplete applications and will be returned to the submitter.
- Send us a completed copy of this form and include **certified copies** of the following documents:
  - The plan text and any other documents that include the terms of the plan, such as an employee booklet for optional ancillary benefits under a flexible pension plan or the portion(s) of a collective agreement relevant to the pension plan for a **specified multi-employer plan**;
  - All trust deeds, insurance contracts, agreements and any other documents relating to the funding of the benefits under the plan. For plans required by law to establish a pension committee, see **Registered Plans Directorate Newsletter no. 04-2**; and
  - All resolutions and by-laws relating to any of these documents.
- Should you require more space to provide us with information, please use **Appendix A** located at the end of this form, or attach the information on additional sheets, using the same format.

Send the documents by registered mail to: Canada Revenue Agency, Registered Plans Directorate, Ottawa ON K1A 0L5.

Throughout the form, certain words have been linked to a glossary. You can also obtain more information from the **Registered Pension Plan Guide T4099E** or by calling us at 613-954-0419 or 1-800-267-3100.



# Application to Register a Pension Plan

(Please print or type)

Do not use this area

**Section 1 (a) – Effective date of the plan:** Enter the date the plan becomes effective, as outlined in the plan documents. Note that an effective date of registration cannot be before January 1 of the year in which the application is made.

	Year	Month	Day

**Section 1 (b) – Name of the pension plan:** Enter the official name of the plan as shown in the plan documents.

**Section 2 – Plan sponsor:** If the pension plan is sponsored by an employer, complete Section 2, part (a). If the pension plan is sponsored by a retirement committee or a board of trustees, complete Section 2, part (b) by inserting the name of the board of trustees or retirement committee in the "Care of" field. For language of correspondence, indicate the language in which the person named prefers to receive correspondence. Under "Contact," enter the name and telephone number of an individual to whom we can direct general enquiries. Under "Business Number", enter the first 9 digits of the account number under which the sponsoring employer deducts employer contributions to the registered pension plan and remits payroll deductions to the Canada Revenue Agency.

**(a) Name of the plan sponsor**

Address

City	Province	Postal code
Telephone	Business Number _ _ _ _ _	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Contact	Telephone  Ext.	

**(b) Care of**

Address

City	Province	Postal code
Contact	Telephone  Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Plan sponsor is a(n) (check one):

sole proprietorship   
  corporation   
  government agency   
  union  
 partnership   
  association   
  other

**Section 3 (a) – Administrator:** If the pension plan is administered by an employer, complete Section 3, part (a)(i). If the pension plan is administered by a retirement committee or a board of trustees, complete Section 3, part (a)(ii) by inserting the name of the board of trustees or retirement committee in the "Care of" field. For language of correspondence, indicate the language in which the person named prefers to receive correspondence. Under "Contact," enter the name and telephone number of an individual to whom we can direct general enquiries.

Same as plan sponsor  or

**(i) Name of the pension plan administrator**

Address

City	Province	Postal code	Telephone
Contact	Telephone  Ext.		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

**Section 3 (a) – Administrator (continued)**

(ii) Care of

Address

City	Province	Postal code
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

(b) Non-resident **administrator**

Section 147.1(6) of the *Income Tax Act* requires the administrator of a pension plan to be resident in Canada or to have received permission in writing from the Minister to be non-resident.

If the administrator of this plan is not resident in Canada or, where a body of persons is the administrator, the majority of persons in that body reside outside Canada, please complete the following waiver request:

As an **authorized representative** of the administrator of this pension plan,

I, \_\_\_\_\_, confirm the ability and commitment of the administrator to perform the duties and obligations of an administrator and to comply with all of the conditions required or imposed by the Canadian *Income Tax Act* and Regulations with respect to a registered pension plan, including the filing of information returns, actuarial valuation reports, pension adjustments, past service pension adjustments and pension adjustment reversals, as required.

I also confirm that the administrator will retain and make available, upon request, the books and records for examination by the Canada Revenue Agency (CRA), either by submitting them to a tax services office or by assuming the travel costs incurred by a CRA officer to visit the location of such books and records.

\_\_\_\_\_

Date	Signature	Title	Telephone
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**Section 3 (c) – Delegated administrator:** Provide the name of the firm or the individual whom the plan **administrator** has delegated to perform the duties indicated. If the name of a firm is provided, please note that any representative of that firm may perform the delegated duties.

If the performance of any of the following duties of the administrator has been delegated to a **delegated administrator**, please indicate which of the following duties have been delegated:

	Delegated?
Receipt and submission of Form T244 or other annual information return	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signing of all other forms (such as Form T510)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of the administrator \_\_\_\_\_  
(to acknowledge that duties indicated above have been delegated to a delegated administrator)

Name of the delegated administrator

Address

City	Province	Postal code	Telephone
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

**Section 3 (continued)****(d) Mailing address**Provide the address where you would like us to send **all** pension plan correspondence. Is the mailing address the: same as the address  
of the plan sponsor? same as the address  
of the plan **administrator**? same as the address of the  
**delegated administrator**?**OR**

Provide the mailing address, if none of the above boxes apply:

Name of company

Address

City	Province	Postal code	Telephone
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

**(e) Authorized correspondent**

Name the firm (such as a pension benefits consultant or an actuarial firm) with whom we are authorized to correspond concerning this pension plan, if any.

Name of firm

Address

City	Province	Postal code	Telephone
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

**Section 4 – Funding medium:** Complete Section 4, part (b) of the form only if the plan is funded by two separate funding media.

Identify how the benefits are to be funded (check all that apply):

 insured     trusteeed     other (specify) \_\_\_\_\_

(a) Name of insurer, trustee or other entity. In the case of individual trustees, identify the trustee to whom correspondence should be directed.

Insurance policy number (if applicable)

Address

City	Province	Postal code	Telephone
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

Name of second individual trustee (if applicable)

Is this trustee resident in Canada?

 Yes     No

Name of third individual trustee (if applicable)

Is this trustee resident in Canada?

 Yes     No

Complete Section 4, part (b) of the form only if the plan is funded by two separate funding media.

(b) Name of insurer, trustee or other entity.

Insurance policy number (if applicable)

Address

City	Province	Postal code	Telephone
Contact	Telephone Ext.	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

**Section 5 – Plan details**

- (a) Identify the plan type (check one)  
 **money purchase**       **defined benefit**       **combination**
- (b) What is the plan's fiscal year end?  M  M  D  D
- (c) Is the plan a **designated plan** under the *Income Tax Act*?  Yes  No
- (d) Is the plan a **legislated plan**?  Yes  No
- (e) Is the plan a **multi-employer plan**?  Yes  No
- (f) If yes to (e), does the plan qualify as a **specified multi-employer plan**?  Yes  No
- (g) Is the plan a **simplified pension plan**?  Yes  No
- (h) Is the plan a **member-funded pension plan**?  Yes  No
- (i) Are **additional voluntary contributions** allowed?  Yes  No
- (j) If the plan contains a **defined benefit** provision, please identify the benefit formula type:  
 **flat benefit**       **career average earnings**       **final or best average earnings**       percentage of contributions
- (k) Does the plan provide benefits for periods of **foreign service**?  Yes  No
- (l) Does the plan allow for **optional ancillary benefits** under a **flexible pension plan**?  Yes  No
- (m) Does the plan provide for **bridging benefits**?  Yes  No
- (n) Does the plan provide for the post-retirement indexing (excluding ad hoc indexing) of benefits?  Yes  No

**Section 6 – Past service**

- (a) Does the plan allow benefits to be recognized on a past service basis?  
If no, go to Section 7 below  Yes  No
- (b) Does the plan allow / provide for the purchase of past service for periods prior to 1990 (pre-1990 benefits)?  
If no, go to Section 6(d) below  Yes  No
- (c) Are these pre-1990 benefits subject to the **proportionality test**?  Yes  No
- If yes and these benefits are being funded, please attach detailed calculations demonstrating compliance with the **present value** test. If an actuarial valuation report which sets out the proportionality test is included with the documents submitted for registration, additional sheets showing detailed calculations are not required. However, if insufficient detailed calculations are provided, additional information concerning the proportionality test may be required at a later date.
- If the lifetime retirement benefits ("LRBs") are exempted from the **proportionality test**, please select the applicable exception from the list below:
- (1) • The plan has at least 50 **active members** in the year in which the LRBs are provided; **AND**  
• The ability to acquire benefits in respect of eligible pre-1990 service is available to the general membership of the plan.
- (2) • The plan has fewer than 50 **active members** in the year in which the LRBs are provided;  
• The plan is not primarily for the benefit of **key employees**;  
• The ability to acquire benefits in respect of eligible pre-1990 service is available to the general membership of the plan; **AND**  
• We have waived, in writing, application of the condition.
- (3) • The LRBs are excluded LRBs (in respect of the individual and the provision).
- (d) Does the plan allow **connected persons** to purchase past service for periods prior to 1991 (prior to 1992 for **grandfathered plans**), as a result of a transfer of accrued benefits to this plan from another registered plan?  Yes  No
- (e) Is the total value of past service for periods prior to 1991 (pre-1991 benefits / pre-1992 benefits for **grandfathered plans**) for **active members** who are **connected persons** or for active member employees who were connected persons (members who are not currently connected persons but who were connected persons during the pre-reform service for which benefits are provided) more than 50% of the **present value** of past service for all active plan members?  Yes  No

**Section 7 – Previous plan**

(a) Did this plan result from **splitting** other plans or from other provision(s) or plan(s) becoming **inactive**?  Yes  No

(b) If yes to (a), give the plan name(s), registration number(s) and status of the plan benefits (i.e., **paid up**, transferred, etc.).

Plan name	Registration number	Status of plan benefits

**Section 8 – Pension benefit supervisory authority**

(a) Is the plan subject to registration with a federal or provincial authority other than the Canada Revenue Agency?  Yes  No

(b) If yes to (a), have you applied for such registration?  Yes  No

(c) Identify the authority by checking the appropriate box below:

<input type="checkbox"/> British Columbia	<input type="checkbox"/> Alberta	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Manitoba
<input type="checkbox"/> Ontario	<input type="checkbox"/> Quebec	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Nova Scotia
<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Office of the Superintendent of Financial Institutions Canada	

**Section 9 – Employer information**

(a) Indicate the number of **participating employers** in the plan.  
(Note: A plan will not be registered if this is 0)

(b) Please provide the name and Business Number of each participating employer not already identified in Section 2 above.

Participating employer	Business Number
	_____
	_____
	_____

List additional participating employers in **Section II of Appendix A**, if necessary.

**Section 10 – Employee information**

(a) Indicate the number of employees of all **participating employers** who are or will be members of the plan on the effective date. (Note: A plan will not be registered if this is 0)

(b) Are employees required to contribute to the plan?  Yes  No

(c) Are there any members who are/were considered to be **persons connected** with a **participating employer**?  Yes  No

If yes, provide the following information:

Participating employer	Person connected	Social insurance number
		_____
		_____
		_____

If there are more than three **connected persons** participating in the plan, provide the above information in **Section I of Appendix A**.

**Section 11 – Multi-plan coverage**

Will any members of this plan participate in another registered pension plan or **deferred profit sharing plan** of the same employer or another employer who does not deal at **arm's length** with the employer?  Yes  No

If yes, give the name of the plan(s) and registration number(s)

Plan name	Registration number

**Section 12 – Plans based on an approved specimen:** Complete this section only if the plan text and/or corresponding funding vehicle you are sending us for registration is based on one or more approved specimens. The plan text or funding vehicle may conform to separately approved specimens, or both documents may conform to one single approved specimen. If the pension plan conforms to two approved specimens (i.e. one for the plan text and another for the funding document), both specimens must be identified. If applicable, submit only the details of the permitted variables as approved under the specimen.

You do not need to send us a copy of any document that conforms to an approved specimen. However, you must send us a copy of the plan text and/or funding vehicle if it is amended in such a way that it no longer conforms to the approved specimen.

The certification must be completed by the **authorized representative** of the company that obtained approval of the specimen plan(s).

I certify that, except for the details of the permitted variables submitted with the application, the plan text and the funding vehicle conform in all respects to the specimen numbered:

\_\_\_\_\_ -P \_\_\_\_\_ -F \_\_\_\_\_ -SP  
*(specimen plan text)* *(specimen funding document)* *(specimen plan text and funding document)*

Name of the company that secured the approval of the specimen(s)

Name of authorized representative \_\_\_\_\_  
*(Please print)*

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**Section 13 – Certification:** The certification must be signed before we can register the plan.

As an **authorized representative** of the **administrator** of this pension plan, I, \_\_\_\_\_  
\_\_\_\_\_, *(please print)* certify that the information given on and attached to this application is, to the

best of my knowledge, correct and complete. I also certify that, to the best of my knowledge, the plan complies with and is being administered according to sections 147.1, 147.2, 147.3 and 147.4 of the *Income Tax Act* and *Regulations*, and where copies of documents are attached, they are **true copies of the originals**.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**Section 14 – Documents attached**

- |  |   |
|--|---|
| <input type="checkbox"/> Pension plan text   | <input type="checkbox"/> Actuarial valuation report:                |
| <input type="checkbox"/> Trust document  | <input type="checkbox"/> <b>Proportionality test</b>                |
| <input type="checkbox"/> Insurance contract  | <input type="checkbox"/> <b>50/50 demonstration</b>                 |
| <input type="checkbox"/> Board resolutions and/or bylaws                           | <input type="checkbox"/> <b>Cost certificate</b>                    |
| <input type="checkbox"/> Collective agreement (SMEP)                               | <input type="checkbox"/> Evidence of <b>reasonable remuneration</b> |
| <input type="checkbox"/> Specimen variable sheet                                   | in respect of <b>connected persons'</b> pre-reform service          |
| <input type="checkbox"/> Employee booklet ( <b>flexible pension plan</b> ), if any |   |
| <input type="checkbox"/> Other (please specify) _____                              |   |

