



### OSFI-49 ANNUAL INFORMATION RETURN

(Please refer to the *Guide to the Annual Information Return* for completing this form.)

#### UNCLASSIFIED

20.010

P5100-

-20-7

**Line**  
**001** **PBSA** Registration Number 001 \_\_\_\_\_ **Canada Revenue Agency**  
Registration Number 002 \_\_\_\_\_

**003** **Type of Pension Plan** 001 \_\_\_\_\_  
(Defined Benefit, Defined Contribution, or Combination)

**004** Indicate if the Company is private or publicly traded. 001 \_\_\_\_\_

**007** **Official Name of Pension Plan** 001 \_\_\_\_\_

#### Employer/Plan Administrator – Name and Mailing Address

**011** Name of Contact 001 \_\_\_\_\_

**012** Name of Company/Plan Administrator 001 \_\_\_\_\_

**013** Address 001 \_\_\_\_\_

**014** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**015** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**017** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Third Party Administrator – Name and Mailing Address

**021** Name of Contact 001 \_\_\_\_\_

**022** Name of Company 001 \_\_\_\_\_

**023** Address 001 \_\_\_\_\_

**024** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**025** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**027** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Location of Books and Records

**031** Employer/Plan Administrator 001  Third Party Administrator 002

**032** Name of Contact 001 \_\_\_\_\_

**033** Address 001 \_\_\_\_\_

**034** City 001 \_\_\_\_\_ Province/State/Country 002 \_\_\_\_\_

**035** Postal Code 001 \_\_\_\_\_ Telephone 002 \_\_\_\_\_ Extension 003 \_\_\_\_\_

**037** Fax 001 \_\_\_\_\_ E-mail 002 \_\_\_\_\_

#### Pension Fund Custodian(s)

**038** **001 Company** (Branch Office City) \_\_\_\_\_ **002 Policy /Account** \_\_\_\_\_ **003 Contact** \_\_\_\_\_ **004 Telephone** \_\_\_\_\_ **005 Extension** \_\_\_\_\_

**039** \_\_\_\_\_

#### Period of this report

**045** From 001 \_\_\_\_\_ To 002 \_\_\_\_\_ Number of Months 003 \_\_\_\_\_  
day/month/year day/month/year

20.012

Line	Membership	001
002	Number of members at the plan's previous year end .....	
003	<b>ENTRANTS:</b> (include employees joining the plan and transfers from other plans) .....	
005	Total of lines 002 plus (+) 003 .....	
006	<b>EXITS:</b> Retirement or death .....	
008	Termination of membership (include transfers to another plan) .....	
009	Total of lines 006 plus (+) 008 .....	
011	Number of members at plan year end (line 005 minus (-) 009) .....	
013	<b>Inactive members:</b> (number of members from line 011 for whom no contributions were made) ...	

**Membership by location at the end of the plan year**

Location of Employment	Male 001	Female 002	Included Employment 003
015 Newfoundland.....			
016 Prince Edward Island .....			
017 Nova Scotia .....			
018 New Brunswick .....			
019 Quebec .....			
020 Ontario .....			
021 Manitoba .....			
022 Saskatchewan .....			
023 Alberta .....			
024 British Columbia.....			
025 Yukon Territory .....			
028 Northwest Territories.....			
029 Nunavut .....			
030 Outside Canada .....			
034 Total Male/Female/Included Employment .....			
035 Total Membership (sum of cols. 001 and 002 on line 034) (Must equal line 11)			
036 Other Beneficiaries			
038 <b>Grand Total</b>			

**Current Service Payments remitted for the plan year**

	\$ Amount 001
040 Member contributions .....	
042 Additional voluntary contributions .....	
044 Total member contributions (line 040 plus (+) line 042).....	
045 Employer current service contributions (determined from plan documents or actuarial valuation report).....	
047 Amount credited from surplus/forfeitures .....	
049 Net employer current service contributions (line 045 minus (-) line 047).....	

Official Name of Pension Plan \_\_\_\_\_

Plan Year Ending \_\_\_\_\_  
day/month/year

20.012 Continued

**Contribution Base – Complete (a) or (b), and (c)**

**050** (a) Total payroll of plan members Class 001 \_\_\_\_\_ Payroll/Other 002 \$ \_\_\_\_\_

(by contribution class)

**051** \_\_\_\_\_ Class 001 \_\_\_\_\_ Payroll/Other 002 \$ \_\_\_\_\_

**054** (b) Describe base if other than payroll 001 \_\_\_\_\_

**055** (c) Were employer contributions the result of a collective agreement? 001 Yes/No \_\_\_\_\_

**Collective bargaining agent representing the largest number of pension plan members, if applicable**

**056** 001 \_\_\_\_\_ Expiry date of collective agreement 002 \_\_\_\_\_  
day/month/year

SAMPLE

20.014

**This page is for  
Defined Benefit/Combination plans only**

**Amount of Special Payments paid into the pension fund**

Line	\$ Amount 001
<b>001</b> Total annual unfunded liability payment(s).....	
<b>002</b> Total annual solvency deficiency payment(s) .....	
<b>003</b> Other special payment(s).....	
<b>005</b> Total of all special payment(s).....	

**If adjustments were made to pensions in pay during the year, please check the appropriate boxes below. If no adjustments were made, proceed to page 20.016.**

Reason for the adjustment(s)

- 015** 001  regular adjustment of benefits as required by the plan documents
- 016** 001  pursuant to a collective agreement
- 017** 001  voluntarily by the employer
- 018** 001  other (explain below)
- 019** 001 \_\_\_\_\_

The basis for the adjustment(s)

- 020** 001  full Consumer Price Index
- 022** 001  partial Consumer Price Index
- 027** 001  excess interest formula (adjustments based on excess earnings in the pension fund)
- 028** 001  percentage increase (not based on CPI) \_\_\_\_\_%
- 030** 001  flat dollar amount    002 \$\_\_\_\_\_ annually
- 033** 001  other (explain below)
- 035** 001 \_\_\_\_\_

20.016

If applicable, please provide a list of participating employers.

Line 001 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applicable, please provide a list of trustees of the pension plan.

002 Name: 001 \_\_\_\_\_ Phone: 101 \_\_\_\_\_  
 Name: 002 \_\_\_\_\_ Phone: 102 \_\_\_\_\_

Amendments

Were any amendments made to the plan during the year?

If "Yes", have the amendments been submitted to OSFI?

003 Yes 001  No 002  Yes 003  No 004

Comments on or explanations of answers given in any of the above sections.

010 001 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CERTIFICATION

[Plan administrators are expected to keep signed copies of this form in their records]

As an authorized officer of the administrator of the pension plan, I hereby certify that, to the best of my knowledge and belief:

- (a) the contributions paid to the fund have been at least equal to those required by the terms of the pension plan and, if applicable, the most recent actuarial report filed with OSFI;
- (b) the plan and the fund were administered in accordance with the PBSA, and the Regulations thereto and the terms and conditions of the plan documents;
- (c) the pension plan complies with and is being administered in accordance with sections 147.1, 147.2, 147.3 and 147.4 of the *Income Tax Act* and the Regulations for the reporting period covered by this return; and
- (d) the information entered in this return, including Canada Revenue Agency Schedule A, is true, correct and complete.

015 001 \_\_\_\_\_  
 Name

002 \_\_\_\_\_  
 Signature of Administrator

016 001 \_\_\_\_\_  
 Title or Position

017 001 \_\_\_\_\_  
 Date

## SCHEDULE A

### CANADA REVENUE AGENCY INFORMATION REQUIREMENTS

#### PROTECTED B WHEN COMPLETED

20.018

**P5000-21-4-**

**001** **Canada Revenue Agency**  
 Registration Number 001 \_\_\_\_\_ Plan Year Ending 002 \_\_\_\_\_  
day/month/year

**Financial data for the plan year (report amounts to the nearest dollar)**

**002** Payments of benefits ..... 001 \_\_\_\_\_  
**005** Transfers of benefits to other plans ..... 001 \_\_\_\_\_  
**007** Amounts transferred in from other plans during the year ..... 001 \_\_\_\_\_  
**010** Did the pension plan terminate or become inactive before or in this plan year? Yes 001  No 002   
**013** If *yes*, enter **date of termination** ..... 001 \_\_\_\_\_  
day/month/year

- For inactive or terminated plans, no further questions

**020** How many members were persons connected with the employer? ..... 001 \_\_\_\_\_  
**025** How many employers participated in the plan at the end of the plan year? .... 001 \_\_\_\_\_

- For specified multi-employer plans, no further questions
- For multi-employer plans, go to line 050
- For all other plan types, continue with line 030

**030** Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan provided by this plan sponsor?  
 Yes 001  No 002

**035** Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan of any other sponsor who does not deal at arm's length with this plan sponsor?  
 Yes 001  No 002

**040** Have any connected persons joined or left the plan in this plan year?  
 Yes 001  No 002

**045** During this plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?  
 Yes 001  No 002  N/A 003

- For defined contribution plans, no further questions
- For all other plan types, continue with line 050

**050** Were any plan members provided with post-1989 past service benefits in this plan year?  
 Yes 001  No 002

**055** Have any plan members who are connected persons been provided with pre-1992 past service benefits in this plan year?  
 Yes 001  No 002