



Approval Request Form for Termination of a Defined Benefit Pension Plan

Please refer to the [Instruction Guide for the Termination of a Defined Benefit Pension Plan](#) while completing this form. This form and accompanying documents should be filed electronically with OSFI at pensions@osfi-bsif.gc.ca within 90 days after the termination date. There is no need to send a hard copy by mail.

Official name of pension plan (the Plan):

Registration numbers: OSFI Canada Revenue Agency

- 1) **Full termination**
- Partial termination declared by the Superintendent**
- Partial termination for members subject to provincial pension legislation**

2) **Reason for termination**

3) **Plan fund custodian**

Policy / Account #

4) **Termination date** Year Month Day

5) **Date the Superintendent was notified of the termination** (see section 1 of the Instruction Guide)

Year Month Day

If the Superintendent did not receive notice within 60 days and not more than 180 days from the termination date, please explain

6) **Total number of members, former members and other persons entitled to benefits under the Plan that are affected by the termination**

Break down by category

Members:

Former members entitled to a deferred pension benefit

Retirees and any other persons entitled to benefits (e.g. survivors)

7) **Are the benefits of any members, former members and other persons with entitlements under the Plan that are affected by the termination subject to provincial pension legislation?**

Yes Province(s):

No

8) **If the answer to 7 is Yes, indicate the number of affected individuals whose benefits are subject to provincial pension legislation by category and province:**

Members

BC: AB: SK: MB: ON:

QC: NB: NS: NL: PEI:





Former members entitled to a deferred pension benefit

BC: AB: SK: MB: ON:

QC: NB: NS: NL: PEI:

Retirees and any other persons entitled to benefits

BC: AB: SK: MB: ON:

QC: NB: NS: NL: PEI:

9) **If the answer to 7 is Yes, are the benefits of these members, former members or other persons with entitlements under the Plan in compliance with the provisions of the pension legislation of the appropriate jurisdiction?**

Yes No

10) **Is there a continuing pension plan?** Yes No

If the answer is Yes, please provide the plan name, registration number and jurisdiction:

11) **In the case of a full termination, date notice of the Plan's termination was provided to affected individuals** (see section 5.1 of the Instruction Guide)

Year Month Day

Comments

12) **In the case of a full termination, date detailed termination statements were provided** (see section 5.2 of the Instruction Guide)

Year Month Day

Comments

13) **Portability options provided** (see section 5.3 of the Instruction Guide)

Transfer to another pension plan (including a pooled registered pension plan and a pension plan under provincial jurisdiction), if that other plan permits

Transfer to a Life Income Fund

Transfer to a Restricted Life Income Fund

Transfer to a Locked-in Registered Retirement Savings Plan¹

Use to purchase an immediate annuity

Use to purchase a deferred annuity

14) **Options provided to members whose pension benefit credits are not locked-in**

Lump sum cash payment

Transfer to a non-locked in retirement vehicle

15) **Is there anyone with benefits payable from the Plan who cannot be located?** (see section 7 of the Instruction Guide)

Yes No

If the answer is Yes, does the termination report describe the efforts made to locate them and

¹ Transfers to provincial Locked-in Retirement Accounts (LIRAs) are not permitted under the PBSA.





how the administrator plans to proceed with regard to these Plan liabilities?

Yes No

16) Has the Plan’s investment policy been revised to account for the termination? (see section 3 of the Instruction Guide)

Yes No

If the answer is No, please explain:

17) Is the Plan terminating with a deficit? (see section 4.1 of the Instruction Guide)

Yes No

If the answer is Yes, how will the deficit be funded?

A lump sum payment equal to the solvency deficit at the termination date²

Equal amortization payments sufficient to liquidate the solvency deficit over a period of no more than five years from the termination date

N/A (the Plan is a Negotiated Contribution Plan or the employer is bankrupt or insolvent)

18) Is the Plan terminating with a surplus? (see section 11 of the Instruction Guide)

Yes No

If the answer is Yes, how will the surplus be distributed?

To members, former members or any other persons with surplus entitlements

To the employer (the employer will have to apply for a refund of surplus)

Other, please specify:

19) Required documents attached (see section 8 of the Instruction Guide)

Termination Report

Actuarial Information Summary form

Samples of the initial notification of Plan termination and detailed termination statements

Executed plan amendment along with the Pension Plan Amendment Information Form, or board resolution or letter indicating the Plan has terminated

20) Additional Comments

This approval request form has been prepared by

Please print

Signature

Title or Position

Company

Date

Telephone _____ E-mail _____

² In accordance with subsection 29(6.1) of the PBSA and section 24.1 of the *Pension Benefits Standards Regulations, 1985*.

