



OSFI 49 ANNUAL INFORMATION RETURN

For assistance with completing this form, please refer to the Instruction Guide for the OSFI 49 Annual Information Return, OSFI 49A Schedule A - Canada Revenue Agency Information Requirements and the Pension Plan Annual Corporate Certification on the OSFI website.

Reporting Period

	From (YYYY-MM-DD)	To (YYYY-MM-DD)	Number of Months Covered
001	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amendments

002 Were any amendments made to the plan during the year?

Yes No

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

Yes No

Reconciliation of Membership

004	Members at the end of previous reporting period	<input type="text"/>
005	Employees who have joined the plan	<input type="text"/>
006	Subtotal (lines 004 + 005)	<input type="text"/>
007	Members who have retired or died	<input type="text"/>
008	Members who have ceased membership	<input type="text"/>
009	Subtotal (lines 007 + 008)	<input type="text"/>
010	Members at the end of reporting period (line 006 - 009)	<input type="text"/>
011	Number of inactive members included in line 010	<input type="text"/>

Membership by location at the end of the plan year

Location of Employment	Male	Female	Included Employment
012 Newfoundland	<input type="text"/>	<input type="text"/>	<input type="text"/>
013 Prince Edward Island	<input type="text"/>	<input type="text"/>	<input type="text"/>
014 Nova Scotia	<input type="text"/>	<input type="text"/>	<input type="text"/>
015 New Brunswick	<input type="text"/>	<input type="text"/>	<input type="text"/>
016 Quebec	<input type="text"/>	<input type="text"/>	<input type="text"/>
017 Ontario	<input type="text"/>	<input type="text"/>	<input type="text"/>

018	Manitoba			
019	Saskatchewan			
020	Alberta			
021	British Columbia			
022	Yukon Territory			
023	Northwest Territories			
024	Nunavut			
025	Outside Canada			
026	Total Male / Female / Included Employment			

Type of Benefits Accrued

		Number of Active and Inactive Members	Number of Others Beneficiaries	Number in Included Employment
027	Defined Contribution only			
028	Defined Benefit only			
029	Defined Benefit and Defined Contribution			
030	Total			

Contribution Base

	Class	Payroll (\$)	Other Contribution Base (Specify)	Name of Collective Bargaining Agent, if applicable	Expiry Date of Collective Agreement (YYYY-MM- DD), if applicable
031					
032					
033					
034					
035					
036					
037					
038					

Adjustment to Pension Benefits

039 Were adjustments made to pension in pay during the reporting period?

Yes No

040 Reason for adjustments

Other (specify)

Basis for adjustments

041

Specify

NOTES TO THE ANNUAL INFORMATION RETURN
(Comments on or explanations of any answers given in this return.)

042

SAMPLE