

# Application to register a plan as a pooled registered pension plan

**Protected B**  
when completed

As the pension plan **administrator**, you are required to complete this form when you request registration of a plan (the "Plan") as a pooled registered pension plan as defined under subsection 147.5(1) of the *Income Tax Act*. Filing this form and the additional information listed below also satisfies the administrator's filing requirements under subsection 12(2) of the *Pooled Registered Pension Plans Act*.

Send us one 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; and
- All trust deeds, insurance contracts, agreements and any other documents that create or support the Plan.

Should you require more space to provide us with information, please attach the information on additional sheets as required.

**All questions on the form must be answered unless instructed otherwise. Incomplete forms will be considered an incomplete application and returned to the submitter. Send the documents**

<b>to:</b> Canada Revenue Agency Registered Plans Directorate Ottawa, ON K1A 0L5	<b>and to:</b> Office of the Superintendent of Financial Institutions 255 Albert Street Ottawa, ON K1A 0H2
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For more information about the terms used in this form, visit the following websites:

[www.cra.gc.ca/rpd](http://www.cra.gc.ca/rpd)                      [www.osfi-bsif.gc.ca](http://www.osfi-bsif.gc.ca)

Or by contacting us, as applicable, at:

Canada Revenue Agency In the Ottawa area: <b>613-954-0419</b> Elsewhere in Canada: <b>1-800-267-3100</b> Facsimile: 613-954-0199	Office of the Superintendent of Financial Institutions In the Ottawa area: <b>613-943-3950</b> Elsewhere in Canada: <b>1-800-385-8647</b> Facsimile: 613-990-7394 Email: <a href="mailto:information@osfi-bsif.gc.ca">information@osfi-bsif.gc.ca</a>
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(Please print or type)

Section 1 – Plan identification			
Effective date of registration	Y   Y   Y   Y   M   M   D   D	Do not use this area	
Name of the Plan			
Plan year end	Y   Y   Y   Y   M   M   D   D		
Section 2 – Plan administration			
Administrator as defined per Subsection 147.5(1) of the <i>Income Tax Act</i> and subsection 2(1) of the <i>Pooled Registered Pension Plans Act</i> .			
Date the corporation received a licence to be an Administrator of a PRPP:	Y   Y   Y   Y   M   M   D   D		
Plan administrator is a(n)(check one)	<input type="checkbox"/> Deposit-taking institution	<input type="checkbox"/> Insurance company	<input type="checkbox"/> Other – Specify: _____
Name			
Address			
City	Province	Postal code	Telephone
Authorized officer	Email	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
Section 3 – Funding information			
Identify how the assets are to be held (check all that apply) and provide details in the relevant sections:			
<input type="checkbox"/> Insurance contract <input type="checkbox"/> In trust <input type="checkbox"/> Other (specify) _____			

Insurance company			
Name of insurer		Insurance policy number (if applicable)	
Address			
City	Province	Postal code 	Telephone
Contact person	Email		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Trust company			
Name of trustee			
Address			
City	Province	Postal code 	Telephone
Contact person	Email		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Other			
Name of other entity			
Address			
City	Province	Postal code 	Telephone
Contact person	Email		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

#### Section 4 – Information concerning intended plan provisions

Does the Plan permit members to make investment choices?  Yes  No

If members are permitted to make investment choices, include details of each investment option provided.

Default option	
Description of the type of fund	
Proposed fund manager	Proposed cost

Non-default investment option	
Description of the type of fund	
Proposed fund manager	Proposed cost

Non-default investment option	
Description of the type of fund	
Proposed fund manager	Proposed cost

**Non-default investment option**

Description of the type of fund

Proposed fund manager	Proposed cost
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**Non-default investment option**

Description of the type of fund

Proposed fund manager	Proposed cost
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**Non-default investment option**

Description of the type of fund

Proposed fund manager	Proposed cost
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**Section 5 – Declaration of compliance**

I, \_\_\_\_\_, DECLARE THAT, to the best of my knowledge, the following is true and correct.  
 (Please print the name of the authorized officer of the Plan Administrator)

- I am a duly authorized signing officer of the administrator of the \_\_\_\_\_ hereinafter  
 (name of pooled registered pension plan)  
 referred to as "the Plan"; and I hereby apply for registration for the Plan under the *Pooled Registered Pension Plans Act* and under the *Income Tax Act*.
- The Plan, including all documents that create or support the Plan, complies with the *Pooled Registered Pension Plans Act*, and the Regulations thereto; and the Plan complies with section 147.5 of the *Income Tax Act*.
- Where copies of documents are attached, they are true copies of the originals.

_____	_____
Date of signature	Signature of authorized officer
_____	_____
Position of authorized officer	Telephone of authorized officer