



OSFI 48DB – Application form for the Registration of a Defined Benefit Pension Plan

Please refer to the [Instruction Guide for the Registration of a Defined Benefit Pension Plan](#) while completing this Application form. This Application form along with all the documents listed in PART II will be referred to as the “Application”.

OSFI encourages you to submit your Application electronically at Approvals-Approbations@osfi-bsif.gc.ca.

PART I

Line

001 Official name of the pension plan (the Plan):

002 Effective date of the Plan: Year ____ Month ____ Day ____

003 Plan year end: Month ____ Day ____

004 Type of plan:

- Defined Benefit (DB)
- Combination (Combo)

AND

- a) Single employer plan
Name of employer _____
Employer website _____
- b) Multi-employer pension plan (MEPP) AND Negotiated contribution plan
- c) More than one participating employer but not a MEPP
Name of principal employer _____

If b) or c), please list all participating employers, along with contact information and website hyperlink for each.

Participating employer	Contact information (contact name, address, telephone number and email)	Employer website



Participating employer	Contact information (contact name, address, telephone number and email)	Employer website

005 Is the Plan a “designated plan” under the *Income Tax Act*? Yes No

If “Yes”, how many members are “specified individuals” as defined in the *Income Tax Regulations*? _____

Of these “specified individuals”, how many members are “connected members” as defined in the *Income Tax Regulations*? _____

006 Type of organization of the employer(s)

- Trade or Employee Association Sole Proprietorship or Partnership
 Crown Corporation Co-operative or Non-Profit
 Agent
 Incorporated Company: Other – please describe
 privately held publicly traded _____

007 Name and contact information of Plan administrator

Indicate whether the Plan administrator is:

- Employer(s) Board of Trustees Pension Committee or similar body

Plan administrator name _____

Name of primary Plan contact _____

(The contact person here is not the same as the third party administrator on line 009)

Title _____

Address _____

City _____ Province/State _____ Country _____

Postal/Zip Code _____

Telephone _____ Email _____

If administered by a Board of Trustees/Pension Committee please list all names and contact information of the Trustees/Committee members.

Name	Contact information (company, address, telephone number and email)

008 Name and contact information of third party administrator (if applicable)

Name of contact _____

Name of company _____



Address _____
 City _____ Province/State _____ Country _____
 Postal/Zip Code _____
 Telephone _____ Email _____

009 How is the pension fund deposited? (check all that apply)

- Insurance company contract – Fully insured or guaranteed
- Insurance company contract – Not fully insured or guaranteed
- Pension Fund Society
- Single Trust Company – pooled funds
- Single Trust Company – outside pooled funds
- Trust Agreement (please provide names and addresses of Trustees in the table below)

Name of Trustee	Contact information for Trustee (company, address, telephone number and email)

Other – _____

010 Name and contact information of pension fund custodian (if more than one, please attach a list with the following information)

Company name _____
 Address _____
 City _____ Province/State _____ Country _____
 Postal/Zip Code _____
 Policy/Account # _____
 Contact name _____
 Telephone _____ Email _____

011 Who makes the investment decisions for the defined contribution component, if any?

- Employer
- Member (referred to as “member choice”)

012 Does the Plan result from a division/spin-off/termination of another pension plan?

Yes No

If “Yes”, please provide the following information regarding the prior plan:

- Jurisdiction _____
- Official name of the pension plan _____
- OSFI/Provincial registration number _____
- Canada Revenue Agency registration number _____

Will the prior plan be terminated? Yes No

Will assets be transferred from the prior plan to the Plan? Yes No



013 Does the Plan result from a transfer from another jurisdiction?

Yes No

If “Yes”, please provide the following information:

- Jurisdiction being transferred from _____
- Provincial registration number _____
- Effective date of transfer _____

014 Have you applied to register the Plan with the Canada Revenue Agency?

Yes No

If registered, please provide the Canada Revenue Agency registration number: _____

015 Is the Plan established pursuant to a collective agreement?

Yes No

If “Yes”, please provide the following information:

Collective bargaining agent/unit	Expiration date of current collective agreement

Are the contribution levels set by the collective agreement?

Yes No

016 Information to members

Have all eligible employees, and their spouses or common-law partners received a copy of the written explanation of the terms and conditions of the Plan and of their rights and duties thereunder? Yes No

If “Yes”, date on which members were provided this information

Year _____ Month ____ Day ____

If “No”, please explain _____

017 Indicate the sections of the Plan text that address treatment of surplus:

a) during the continuation of the Plan _____

b) on termination of the Plan _____

018 Nature of business – Included Employment

(please consult the Instruction Guide for additional information before selecting the category)

Please provide information about the nature of the business, and how its activities fall within one of the categories of included employment listed below:

Indicate the appropriate category (select only one):

- Navigation and Shipping
- Harbour Operations
- Rail Transportation
- Chartered Bank
- Flour, Feed or Grain-Seed Mill
- Atomic Energy



- | | |
|--|---|
| <input type="checkbox"/> Air Transportation | <input type="checkbox"/> Uranium Mining |
| <input type="checkbox"/> Road Transportation | <input type="checkbox"/> N.W.T., Nunavut and/or Yukon |
| <input type="checkbox"/> Radio and/or Television | <input type="checkbox"/> Interprovincial Pipelines |
| <input type="checkbox"/> Telephone and Other Communication | <input type="checkbox"/> International Bridge |
| <input type="checkbox"/> Other – please describe:
_____ | <input type="checkbox"/> Indigenous |

019 Plan membership
(refer to the Instruction Guide for further details)

Location of Employment	001 Male	002 Female	003 Included Employment
Members			
Newfoundland and Labrador			
Prince Edward Island			
Nova Scotia			
New Brunswick			
Quebec			
Ontario			
Manitoba			
Saskatchewan			
Alberta			
British Columbia			
Yukon Territory			
Northwest Territories			
Nunavut			
Outside Canada			
Total Members			
Other Beneficiaries			
Grand Total			

020 If membership in the Plan is mandatory, have all eligible employees been enrolled in the Plan as of the effective date?

- Yes No

If “No”, please explain _____

021 Have all required (employee and employer) contributions since the effective date of the Plan been remitted to the pension fund?

- Yes No

If “No”, please explain _____

022 Would you prefer future correspondence in: English French



PART II

Line

023 Required documents

- Plan text or by-laws
- Board or Band Resolution establishing the Plan¹
- Employee booklet
- Insurance Contract / Trust Agreement (Individual Trustees or Corporate Trustee) or other custodial instrument
- Initial Actuarial Report and Actuarial Information Summary (AIS)
- Reciprocal Transfer Agreement (if applicable)

If any of these documents are not included in the Application, please provide an explanation and /or timeline for submitting the outstanding documentation

024 Other documents (as applicable)

- Collective Agreement(s) (if the Plan is established pursuant to a collective agreement)
Please indicate the relevant sections: _____
- Amendments, if any, to any of the accompanying documents

¹ A Board or Band Resolution establishing an Individual Pension Plan, where the member is not the sole owner of the Company, cannot be signed by the member.



PART III

DECLARATION OF COMPLIANCE

I, _____, DECLARE THAT, to the best of my knowledge, the following is true and correct:

1. I am a duly authorized signing officer of the employer or a member of a board of trustees or similar body or pension committee that is the administrator of the (**Insert official name of the Plan**

_____) hereinafter referred to as “the Plan”, and I hereby apply for registration of the Plan under the *Pension Benefits Standards Act, 1985*;

2. The Plan, including all documents that create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto. If the Plan includes members who are not employed in included employment and their benefits are subject to provincial pension legislation, the benefits of those members under the terms of the Plan, including all documents that create or support the Plan or the pension fund, comply with the provisions of the pension legislation of those other jurisdictions; and

3. For the portion of the Plan’s portfolio of investments and loans other than those relating to any member choice account, a Statement of Investment Policies and Procedures was established and adopted on _____ and this Statement of Investment Policies and Procedures complies with the requirements of the *Pension Benefits Standards Act, 1985*, and the Regulations thereto.

Signed this _____ day of _____, 20 __, in the City of _____ in the Province/State of _____

Authorized officer of Plan administrator
(USE BLOCK LETTERS)

Signature

Title or position

