



Standardized Termination Report for Defined Contribution Pension Plans

Please refer to the [Instruction Guide for the Termination of a Defined Contribution Pension Plan](#) (the Instruction Guide) while completing this form. This form and accompanying documents should be submitted within 90 days after the termination date.

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 date of termination, please explain why.

- 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 in receipt of a variable benefit
 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 in receipt of a variable benefit

BC: AB: SK: MB: ON:

QC: NB: NS: NL: PEI:

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) Have all outstanding and accrued employer and employee contributions been remitted to the plan? Yes No
If the answer is No, please explain

12) In the case of a full termination, date notice of the Plan's termination was provided
(see section 4.1 of the Instruction Guide)

Year Month Day

Comments

13) In the case of a full termination, date detailed termination statements were provided
(see section 4.2 of the Instruction Guide)

Year Month Day

Comments

14) Portability options provided (see section 4.3 of the Instruction Guide)

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

Transfer to a Life Income Fund

Transfer to a Restricted Life Income Fund

