



OSFI-593 Defined Contribution Pension Plan Text Amendment Information Form

Official Name of Pension Plan:

OSFI Registration number: _____

Canada Revenue Agency Registration number: _____

Of Note:

An amendment made to the Plan Text or to any document that creates or supports the Plan or Pension Fund must be filed with the Office of the Superintendent of Financial Institutions. The amendment and declaration must be filed through the [Regulatory Reporting System](#) (RRS) within 60 days after it is made.

Amendments requiring the Superintendent's authorization (e.g. a void amendment under subsection 10.1(2) of the Pension Benefits Standards Act, 1985 (PBSA), an asset transfer under section 10.2 of the PBSA, or an amendment to a multijurisdictional plan requiring authorization under provincial pension legislation) cannot be submitted via RRS. Documents in support of an application for the Superintendent's authorization should be submitted electronically to pensions@osfi-bsif.gc.ca.

One amendment form is required for each amendment made; however, if a board resolution addresses multiple amendments which have the same effective date, then a single amendment (encompassing all of the amendments) can be filed.

PART I

1. The effective date of the amendment¹: _____

2. The amendment number (if applicable): _____

3. The amendment applies to:
all members (active and inactive)
new entrants only
all members, former members and retirees
retirees only
other (*please explain*):

4. The amendment concerns: (*check all that apply*)
Benefits or contributions
Plan termination
Transfer of assets
Revenue Canada requirements
Change of Plan Name and/or Plan Sponsor
Change in Plan year end date (*provide new date* _____)
Other (*provide details*):

¹ One amendment per form.



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5. Is the amendment attached? Yes No (*if no, please explain*)

6. Does the amendment concern the change of the Pension Fund Custodian?
Yes No

If “Yes”, please confirm:

Company _____

Address _____

City and Province _____

Postal Code _____

Policy/Account # _____

Contact _____

Telephone _____ E-mail: _____

7. 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*)

Other – provide details:

8. Have members and their eligible common-law partners or spouses been notified and/or received copies of the amendment? Yes No

If no, please explain:

PART II

**DECLARATION OF COMPLIANCE
FOR PENSION PLAN AMENDMENTS**

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

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 legal name of pension plan)

_____ hereinafter referred to as “the Plan”; and

The Plan as amended, 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;

or

with the exception of those matters identified in an attachment to this declaration, the Plan as amended, 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.²

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.

Signed this _____ day of _____, 20_____, in the City of _____ in the Province of _____.

Authorized officer of Plan Administrator

Signature

Title or Position

Phone Number

Email Address

² If circumstances are such that the plan administrator cannot confirm compliance under the first paragraph of article 2 of this declaration, the administrator must attach information to identify the specific area of non-compliance of the Plan and detail the course of action (including expected time frames) undertaken by the plan administrator to bring the pension plan into compliance. It is expected that the plan administrator would have previously contacted OSFI concerning any area of non-compliance.