



OSFI 593: Defined Contribution Pension Plan Amendment Information Form

Official name of pension plan (the 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 (OSFI). The amendment and declaration must be filed through the [Regulatory Reporting System](#) (RRS) within 60 days after it is made.

One amendment information 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 information form (encompassing all the amendments) can be filed.

Part I

1. The amendment number (if applicable):

2. The effective date of the amendment: Year Month Day

3. The date the amendment was made¹: Year Month Day

4. If the amendment is retroactive², how were benefits administered between the effective date and the date the amendment was made?

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

6. The amendment concerns: (check all that apply)
- Benefits or contributions
 - Plan termination
 - Transfer of assets
 - Canada Revenue Agency requirements
 - Change of Plan name and/or Plan sponsor
 - Change in Plan year end date (provide new date)
 - Other (provide details):

¹ We consider the date the amendment is made to be a date not before the date the amendment is properly adopted by the plan administrator in accordance with the appropriate governance procedures set up for the plan, for example, by way of a board resolution agreeing to the amendment.

² When the effective date of the amendment is before the date the amendment is made.



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

8. Does the amendment concern a change to the pension fund custodian?

Yes No

If “Yes”, please confirm:

Company _____

Address _____

City _____

Province _____

Postal Code _____

Policy/Account # _____

Contact _____

Telephone _____

E-mail _____

9. 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:

10. Have members and their eligible common-law partners or spouses been notified and/or received copies of the amendment?³ Yes No

If “Yes”, date notice was provided: Year _____ Month _____ Day _____

If “No”, please explain:

³ As required by subparagraph 28(1)(a)(i) of the *Pension Benefits Standards Act, 1985*.

Part II

Declaration of compliance for pension plan amendments

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 legal name of pension plan) hereinafter referred to as "the Plan"; and
2. 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 Pension Benefits Standards Regulations, 1985. 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 Pension Benefits Standards Regulations, 1985.4
3. 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 (USE BLOCK LETTERS)

Signature

Title or Position

Phone Number

Email Address

4 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.