

Phone (204) 945-2740 FAX (204) 948-2375  
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The remittance should be made payable to the MINISTER OF FINANCE  
c/o Cashier  
614 - 401 York Avenue  
Winnipeg MB R3C 0P8

For Commission Use Only
_____
File No. _____
Approved _____

**APPLICATION for REGISTRATION of PENSION PLAN**

- (a) Name of Employer \_\_\_\_\_  
\_\_\_\_\_
- (b) Address of Head Office \_\_\_\_\_  
\_\_\_\_\_
- (c) Mailing Address in Canada (if other than in (b) above) \_\_\_\_\_  
\_\_\_\_\_
- (d) Employer contact (person responsible for plan administration) \_\_\_\_\_ Title \_\_\_\_\_
- (e) Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_ Corporate E-mail  
(*must be filled in*) \_\_\_\_\_

2. Names and Addresses of other Subsidiary or Associated Companies (if any) included in plan covered by this application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Nature of Business  
\_\_\_\_ included employment \_\_\_\_ other than included employment  
State the main activity or activities of your business (*must be filled in*) \_\_\_\_\_

4. Type of Organization - Check One
- |  |   |
|--|---|
| <input type="checkbox"/> Municipal Government  | <input type="checkbox"/> Incorporated Company                                     |
| <input type="checkbox"/> Municipal Enterprise  | <input type="checkbox"/> Unincorporated Business (sole proprietor or partnership) |
| <input type="checkbox"/> Provincial Government | <input type="checkbox"/> Co-operative   |
| <input type="checkbox"/> Provincial Enterprise | <input type="checkbox"/> Trade or Employee Association                            |
| <input type="checkbox"/> Federal Government    | <input type="checkbox"/> Religious, Charitable or other Non-Profit Organization   |
| <input type="checkbox"/> Federal Enterprise    | <input type="checkbox"/> Other (describe) _____                                   |

5. Multi-Class Pension Plans (more than one class of employee with different benefit structures for each)  
 Yes  No

6. Multi Unit Pension Plans (as provided under Section 26.1 of The Pension Benefits Act)  Yes  No

7. Identification of Plan

(a) Official Name or Title of Plan \_\_\_\_\_  
\_\_\_\_\_

(b) Name and Address of Corporate Trustee/Insurance Company/Consultant (if applicable)

(i) Name of Corporate Trustee \_\_\_\_\_

Address of Corporate Trustee \_\_\_\_\_

Telephone/Toll Free Number \_\_\_\_\_

(ii) Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Telephone/Toll Free Number \_\_\_\_\_

(iii) Name of Consultant \_\_\_\_\_

Address of Consultant \_\_\_\_\_

Telephone/Toll Free Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_ Corporate E-mail  
(*must be filled in*) \_\_\_\_\_

8. Plan Details

(a) Effective Date of Plan \_\_\_\_\_ Plan Year Ends On \_\_\_\_\_

(b) Was the Plan constituted by virtue of a collective agreement or decree?  Yes  No  
(If "Yes", attach a copy of the collective agreement or decree)

9. Eligibility for membership for new employees

(a) Class of employees eligible for membership in this plan

- |  |   |
|--|---|
| <input type="checkbox"/> All employees           | <input type="checkbox"/> Management/supervisory only  |
| <input type="checkbox"/> Salaried employees only | <input type="checkbox"/> Hourly employees only        |
| <input type="checkbox"/> Union employees only    | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Non-union employees     |   |

(b) Is this plan closed to new entrants?  Yes  No

10. Underwriting

What instrument of underwriting is being used? (Check one or more)

- |  |                          |
|--|--------------------------|
| 1) Insurance Company contract – deposit administration                 | <input type="checkbox"/> |
| 2) Insurance Company contract – segregated funds – individual contract | <input type="checkbox"/> |
| 3) Insurance Company contract – segregated funds – pooled funds        | <input type="checkbox"/> |
| 4) Insurance Company contract – segregated funds – unknown             | <input type="checkbox"/> |
| 5) Insurance Company contract – segregated funds – unclassified        | <input type="checkbox"/> |
| 6) Trust Agreement – trust company                                     | <input type="checkbox"/> |
| 7) Trust Agreement – individual trustee                                | <input type="checkbox"/> |
| 8) Pension fund society  | <input type="checkbox"/> |
| 9) Government Consolidated Revenue Fund                                | <input type="checkbox"/> |
| 10) Other (Describe)   | <input type="checkbox"/> |

11. Number of employees and plan members as of the effective date of the plan

If the applicant has more than one pension plan covering different classes of employees, enter total payroll and total membership for this particular plan only.

Province of Employment	Employees on Payroll		Plan Members on Payroll	
	(1) Male	(2) Female	(3) Male	(4) Female
Alberta	_____	_____	_____	_____
British Columbia	_____	_____	_____	_____
Manitoba	_____	_____	_____	_____
New Brunswick	_____	_____	_____	_____
Newfoundland	_____	_____	_____	_____
Northwest Territory	_____	_____	_____	_____
Nova Scotia	_____	_____	_____	_____
Nunavut	_____	_____	_____	_____
Ontario	_____	_____	_____	_____
Outside Canada	_____	_____	_____	_____
Prince Edward Island	_____	_____	_____	_____
Quebec	_____	_____	_____	_____
Saskatchewan	_____	_____	_____	_____
Yukon Territory	_____	_____	_____	_____
Total	_____	_____	_____	_____

CERTIFICATION

I hereby make application for registration of the pension plan identified in this form under The Pension Benefits Act of Manitoba and any other pension legislation of another jurisdiction to which this pension plan is subject.

I certify that the information given in all forms and documents relating to this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Employer, Association or Board of Trustee

\_\_\_\_\_  
Date

FILING FEE

In accordance with section 8 of the Regulation, a fee is required in respect of each plan member in Manitoba and each plan member in a designated province.

Number of Plan Members (total of column 3 and 4 above)

1 - 16	\$ 100.00 (minimum)
17 - 2499	\$ 6.00 (per member)
2500 +	\$15,000.00 (maximum)

The remittance should be made payable to the MINISTER OF FINANCE

INSTRUCTIONS FOR COMPLETING THE APPLICATION

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Section

1&7 If the name and address of the employer or trustees change at any time after the filing of the application, the superintendent must be notified in writing within 60 days.

3 Included employment is employment in connection with the operation of any work, undertaking or business that is within the authority of Federal legislation.

Employment in the following types of businesses/activities falls into the category of included employment

- air, water, railway transport
- interprovincial trucking
- radio, television & telegraph
- atomic energy

- flour, feed or seed mills
- chartered banks
- employment in the Northwest Territories and/or Yukon Territory.

8 Effective date of the plan is the date that benefits for current employment were first recognized by the plan.

Plan fiscal year is the date specified in the pension plan, otherwise December 31.

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HIGHLIGHTS OF PROVISIONS/REQUIREMENTS UNDER THE PENSION BENEFITS ACT

Documents to be submitted to the Pension Commission to maintain on-going registration.

DOCUMENT NAME	PERIOD REQUIRED	TIME LIMIT FOR SUBMISSION
Application for Registration with filing fee, section 18(2) of The Pension Benefits Act	Upon Application	Within 60 days of the effective date of the plan.
Trust Deed, Insurance Contract, By-law, Collective Agreement or other documents under which a plan is constituted, Section 9(1) of the Regulation	Upon Application	Within 60 days of the effective date of the plan.
*Annual Information Return with filing fee, Section 6(1) of the Regulation	Annually	Within 180 days after the plan year end.
*Actuarial Valuations and/or Cost Certificates, Section 3(1) to 3(2) of the Regulation	Triennially (or Annually if Solvency ratio less then .9)	Within 270 days after the review date. For new plans, 60 days after it's establishment.
Amendments to the plan Section 9(2) of the Regulation	Immediately	Within 60 days after the amendment is made.

\*Formal request letters will be sent advising of period required and due date for submission.

## DISCLOSURE TO PLAN MEMBERS

### Member Originated Request

Within 30 days after receipt of a written request, the employer shall provide a member; his or her spouse, or an agent of either, copies of specified documents outlined under Section 23(2) of the Regulation.

### Employee Statements

Within six months after the end of a pension plan year, the employer shall provide each active member with a statement indicating all information outlined under Section 23(6) of the Regulation.

### Employee Booklet

Each employee who is eligible to become an active member of a pension plan shall receive an explanation of the plan as described under Section 23(5) of the Regulation, provided on or before the later of

- (A) the date the employee first became eligible to be a member of the plan;
- (B) 180 days after the effective date of the plan; or
- (C) 90 days after approval of the plan by the Commission.

### Amendments to Pension Plans

A written explanation of any amendment which may affect the benefits or rights of the member shall be provided to the member on or before the later of

- (A) 180 days after the effective date of the amendment; or
- (B) 90 days after the approval of the amendment by the Commission.

### INFORMATION TO MEMBERS UPON TERMINATION OR RETIREMENT INFORMATION TO AUTHORIZED REPRESENTATIVES UPON DEATH OF A MEMBER

Members who become eligible to receive a pension - prior to commencement of the pension, a statement must be provided to the members as per Section 23(8) of the Regulation.

Members who terminate active membership - within 60 days of notification of termination, the employer shall provide a statement as indicated under Section 23(9) of the Regulation.

Death of a Member - within 30 days of notification of death, the employer shall provide a statement as indicated under Section 23(10) of the Regulation.

Termination of a Plan - No pension plan shall be wound up as of a date prior to the date on which the Commission is notified. (Section 26(4) of The Pension Benefits Act).

### Timing for the Payment of Contributions to the Pension Plan

- (A) Current Service member required and voluntary contributions are to be remitted not later than 30 days after the end of the month in which the contributions are received by the employer from the employee or are deducted from the employees remuneration.
- (B) Current Service employer required contributions are to be remitted within:
  - for defined contribution plans, if related to the profits of the employer (except any minimum required contributions), not later than 90 days after the end of the plan fiscal year.
  - for defined contribution plans, not related to the profit of the employer, (or are minimum required contributions) not later than 30 days after the end of the month for which the contributions are payable.
  - for defined benefit plans not later than 30 days after the end of the period for which they are payable.
- (C) Special payments & previous special payments shall be made not later than 30 days after the end of the fiscal year of the period for which they are payable.

**PERSONS WHO CONTRAVENE ANY PROVISIONS OF THE ACT OR REGULATIONS ARE LIABLE TO A FINE OF NOT LESS THAN \$2,000 AND NOT MORE THAN \$100,00**