Pooled Registered Pension Plan Amendment Information

The administrator of a pooled registered pension plan must complete this form when requesting acceptance of an amendment to a pooled registered pension plan under subsection 147.5(7) of the Income Tax Act (ITA).

All questions on the form must be answered unless instructed otherwise. Incomplete forms will be returned to the submitter by the Canada Revenue Agency (CRA).

Send a copy of this document, together with a certified copy of the amendment, the plan, or any document that creates or supports the plan, to the CRA at the address below no later than 60 days from the date on which the amendment was made. Please ensure that all documents that are related to the amendment are included.

Canada Revenue Agency Registered Plans Directorate Ottawa ON K1A 0L5

For more information about the terms used in this form, visit canada.ca/registered-plans-administrators or call us at 1-800-267-3100.

From outside Canada and the US, call us collect at 613-221-3105.

(Please print or type)					
Section 1 – Plan Information					
CRA registration number					
Name of the Plan					
Section 2 – Amendment identification					
Effective date of amendment (YYYY-MM-DD)		Amendment number	(if applicable)		
Section 3 – Amendment details					
Is this amendment the result of revisions to:					
the Income Tax Act?				Yes	No No
the Pooled Registered Pension Plan Act or a similar	ar law of a province?			Yes	☐ No
the funding media?				Yes	No
the administrator information?				Yes	☐ No
the contribution rates?				Yes	☐ No
If yes, which? (tick all that apply)				Employers	Members
Other (please specify)					
This amendment applies to (tick):			All members	New entrants	Other
Have the members been notified of the amendmen	1?			Yes	☐ No
Section 4 – Termination of Plan					
Has the plan become inactive? If no, go to section s	5			Yes	☐ No
When did all members stop contributing to the plan?					
Have all the funds been paid out of the plan? If no, go to section 5				Yes	No
When were the last funds paid out of the plan?					
How will the funds be paid from the plan? (tick all that apply):					
Annuity purchase	Transfers under section 147.	5 of the ITA	Cash payment		



Section 5 – Certification		
As an authorized officer of the administrator of the pooled registered	pension plan,	
l,	, certify that:	
(Please print the name of the authorized officer of the Plan	n Administrator)	
(a) the information given on this document is, to the best of my know	eledge, correct and complete;	
(b) to the best of my knowledge, the plan as amended, including all of	documents that create and support the plan, complies with section 147.5 of the ITA;	
and I acknowledge that:		
(c) the information collected on this document will be used for the pu shared with Statistics Canada, pursuant to separate agreements;	rposes of regulating the plan pursuant to the ITA, which is administered by the CRA and and	
(d) the information provided on this document will be subject to the A	access to Information Act and the Privacy Act.	
Signature of authorized officer	Date	
Position of authorized officer	Telephone of authorized officer	

Personal information is collected under the authority of section 147.5 of the ITA and is used for the registration and administration of a pooled registered pension plan. Information may also be disclosed under information-sharing agreements in accordance with the corresponding Acts. Incomplete or inaccurate information may result in a delay or a refusal to accept the amendment.

Information and other uses are described in personal information bank CRA PPU 226, and in the CRA chapter of Info Source at canada.ca/cra-info-source.

Personal information is protected under the Privacy Act and individuals have a right of protection, access to, and correction or notation of their personal information. Details regarding requests for personal information at the CRA and our Info Source chapter can be found at canada.ca/cra-access-information-privacy.