



Application to Register a Plan as a Pooled Registered Pension Plan

Protected B
when completed

As the pension plan **administrator**, you are required to complete this form when you request registration of a plan (the "Plan") as a pooled registered pension plan as defined under subsection 147.5(1) of the Income Tax Act. Filing this form and the additional information listed below also satisfies the administrator's filing requirements under subsection 12(2) of the Pooled Registered Pension Plans Act.

Send us one completed copy of this form and include **certified copies** of the following documents:

- the Plan text and any other documents that include the terms of the Plan; and
- all trust deeds, insurance contracts, agreements and any other documents that create or support the Plan.

Should you require more space to provide us with information, please attach the information on additional sheets as required.

All questions on the form must be answered unless instructed otherwise. Incomplete forms will be considered an incomplete application and returned to the submitter. Send the documents

to: Canada Revenue Agency Registered Plans Directorate Ottawa ON K1A 0L5	and to: Office of the Superintendent of Financial Institutions 255 Albert Street Ottawa ON K1A 0H2
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For more information about the terms used in this form, visit the following websites:

canada.ca/registered-plans-administrators osfi-bsif.gc.ca

Or by contacting us, as applicable, at:

Canada Revenue Agency 1-800-267-3100 From outside Canada and the US, call us collect at 613-221-3105	Office of the Superintendent of Financial Institutions 1-800-385-8647 Email: information@osfi-bsif.gc.ca
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(Please print or type)

Section 1 – Plan identification			
Effective date of registration	Y Y Y Y M M D D	Do not use this area	
Name of the Plan			
Plan year end	Y Y Y Y M M D D		
Section 2 – Plan administration			
Administrator as defined per Subsection 147.5(1) of the Income Tax Act and subsection 2(1) of the Pooled Registered Pension Plans Act.			
Date the corporation received a licence to be an Administrator of a PRPP:	Y Y Y Y M M D D		
Plan administrator is a(n)(Tick one)	<input type="checkbox"/> Deposit-taking institution	<input type="checkbox"/> Insurance company	<input type="checkbox"/> Other – Specify: _____
Name			
Address			
City	Province	Postal code	Telephone number
Authorized officer	Email address	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
Section 3 – Funding information			
Identify how the assets are to be held (tick all that apply) and provide details in the relevant sections:		<input type="checkbox"/> Insurance contract	
		<input type="checkbox"/> In trust	
		<input type="checkbox"/> Other (specify) _____	

Insurance company			
Name of insurer		Insurance policy number (if applicable)	
Address			
City	Province	Postal code 	Telephone number
Contact person	Email address		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Trust company			
Name of trustee			
Address			
City	Province	Postal code 	Telephone number
Contact person	Email address		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Other			
Name of other entity			
Address			
City	Province	Postal code 	Telephone number
Contact person	Email address		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

Section 4 – Information concerning intended plan provisions

Does the Plan permit members to make investment choices? Yes No

If members are permitted to make investment choices, include details of each investment option provided.

Default option	
Description of the type of fund	
Proposed fund manager	Proposed cost

Non-default investment option	
Description of the type of fund	
Proposed fund manager	Proposed cost

Non-default investment option	
Description of the type of fund	
Proposed fund manager	Proposed cost

