Canada Revenue Agency

Ottawa ON K1A 0L5

1_900_267_2100

Registered Plans Directorate

Or by contacting us, as applicable, at: Canada Revenue Agency

canada.ca/registered-plans-administrators

to:

Protected B when completed

Application to Register a Plan as a Pooled Registered Pension Plan

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

For more information about the terms used in this form, visit the following websites:

• all trust deeds, insurance contracts, agreements and any other documents that create or support the Plan.

and to:

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

255 Albert Street

osfi-bsif.gc.ca

Ottawa ON K1A 0H2

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

Office of the Superintendent of Financial Institutions

Office of the Superintendent of Financial Institutions

ormation@osfi-bsif.gc.ca		
D D		Do not use this area
ne Tax Act and subsection 2(1) of the F	Pooled Registered Pension	Plans Act.
r of a PRPP: Y Y Y M	I M D D	
itution Insurance company	Other – Specify:	
Province	Postal code	Telephone number
Email address	L	_anguage of correspondence
		English French
Insurance contract		
In trust		
Other (specify)		
	primation@osfi-bsif.gc.ca The Tax Act and subsection 2(1) of the Interest of a PRPP: Insurance company Province Email address Insurance contract In trust	Province Province Province Postal code Insurance contract In trust



Insurance company									
ame of insurer			Insurance policy number (if applicable)						
Address									
City	Province		Pos	stal (code	e 		1	Telephone number
Contact person	Email address	l						1	Language of correspondence English French
Trust company									
Name of trustee									
Address									
City	Province		Pos	stal	code	e 			Telephone number
Contact person	Email address	-				-			Language of correspondence English French
Other									
Name of other entity									
Address									
City	Province		Pos	stal (code 	e 			Telephone number
Contact person	Email address								Language of correspondence English French
Section 4 – Information concerning intended plan provisions									
Does the Plan permit members to make investment choices? If members are permitted to make investment choices, include	Yes details of each in	No Nestment option prov	vide	d.					
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							

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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	
Non-default investment option		
Description of the type of fund		
Proposed fund manager	Proposed cost	
Section 5 – Declaration of compliance		
l,	, DECLARE THAT, to the best of my knowledge, the fo	llowing is true and correct.
(Please print the name of the authorized officer of the Plan	n Administrator)	
1. I am a duly authorized signing officer of the administrato	or of the	hereinafter
	(name of pooled registered pension plan)	
referred to as "the Plan"; and I hereby apply for registrat	tion for the Plan under the Pooled Registered Pension Plans Act and unde	r the Income Tax Act.
2. The Plan, including all documents that create or support	rt the Plan, complies with the Pooled Registered Pension Plans Act, and the	e Regulations thereto; and
the Plan complies with section 147.5 of the Income Tax	Act.	
Where copies of documents are attached, they are true	conies of the originals	
c. Where depict of about terms are attached, they are true	copies of the originals.	
Date of signature	Signature of authorized officer	
Position of authorized officer	Telephone of authorized officer	

Personal information is collected under the authority of section 147.5 of the ITA and section 13 of the PRPP Act and is used for the registration and administration of a PRPP. Information may also be disclosed under information-sharing agreements in accordance with the corresponding Acts. Incomplete or inaccurate information may result in administrative delays, or a refusal to accept an amendment.

Information is described in personal information banks CRA PPU 226 and OSFI PPU 025 in the CRA and OSFI chapters of Info Source respectively. 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.