



Application to Register a Pooled Pension Plan

As the pooled pension plan **administrator**, you are required to complete this form when you request registration of a pooled pension plan (the "Plan") as a pooled registered pension plan as defined under subsection 147.5(1) of the Income Tax 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;
- all trust deeds, insurance contracts, agreements and any other documents that create or support the Plan;
- the authorization given under the Pooled Registered Pension Plans Act or from a similar law of a province to act as a pooled pension plan administrator; and
- the proof of registration of the Plan under the Pooled Registered Pension Plans Act or from a similar law of a province.

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

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 identification

Effective date of registration	
Name of the Plan	
Plan year end	

Section 2 – Plan administration

Administrator as defined per Subsection 147.5(1) of the Income Tax Act.			
Date the corporation received a licence to be an Administrator:			
Name			
Address			
City	Province	Postal code	Telephone
Authorized officer			Language of correspondence
			<input type="checkbox"/> English <input type="checkbox"/> French
Plan administrator is a(n) (tick one) <input type="checkbox"/> Deposit-taking institution <input type="checkbox"/> Insurance company <input type="checkbox"/> Other – Specify: _____			

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
Contact person			Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French

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

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

Section 4 – Pension Benefit Supervisory Authority			
With which other federal or provincial authority have you applied for registration of the Plan? Please identify the authority by ticking the appropriate box below:			
<input type="checkbox"/> British Columbia	<input type="checkbox"/> Alberta	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Manitoba
<input type="checkbox"/> Ontario	<input type="checkbox"/> Quebec	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Nova Scotia
<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Office of the Superintendent of Financial Institutions Canada	

Section 5 – Declaration of compliance	
I, _____, declare that, to the best of my knowledge, the following is true and correct. (Please print the name of the authorized officer of the Plan Administrator)	
1. I am a duly authorized signing officer of the administrator of the _____ hereinafter (name of pooled pension plan) referred to as "the Plan"; and I hereby apply for registration for the Plan under the Income Tax Act.	
2. The Plan, including all documents that create or support the Plan, complies with section 147.5 of the Income Tax Act.	
3. Where copies of documents are attached, they are true copies of the originals.	
_____	_____
Date of signature	Signature of authorized officer
_____	_____
Position of authorized officer	Telephone of authorized officer

Section 6 – Permission (optional)

As an **authorized officer** of the administrator of the Plan noted above, I, _____, hereby
(please print the name of the authorized officer)

authorize the Canada Revenue Agency, to communicate and release information to the third party(ies) noted below.

Name of third party

Address

City

Province

Postal code

Telephone

Contact person

Language of correspondence

English

French

Name of third party

Address

City

Province

Postal code

Telephone

Contact person

Language of correspondence

English

French

Date of signature

Signature of authorized officer

Telephone of authorized officer

Personal information is collected under the authority of section 147.5 of the Income Tax Act 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 Act. Incomplete or inaccurate information may result in a delay or a refusal to register the plan.

Information and other uses are described in personal information banks CRA PPU 226 and in the Canada Revenue Agency (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. Further details regarding requests for personal information at the CRA and our Info Source chapter can be found at canada.ca/cra-access-information-privacy.