

**Form 2**  
**Registered Pension Plan**  
**Annual Information Return**  
 (Please read the instructions for Annual Information Returns before completing the Return)

Service NL  
 Pension Benefit Standards Division  
 2nd Floor, West Block, Confederation Bldg  
 P. O. Box 8700  
 St. John's, NL, A1B 4J6  
 Telephone: (709) 729-1039  
 Facsimile: (709) 729-3205

**1 Title of pension plan and registration number**

|   |  |
|---|--|
| A. Official name of plan                      |  |
| B. Carrier and policy or trust number, if any |  |
| C. Provincial registration number             | D. Canada Revenue Agency registration number |

**2 Name and address of plan administrator (see instructions)**

|   |                  |             |
|---|------------------|-------------|
| A. Name                                       |                  |             |
| B. Contact name                               |                  |             |
| C. Address of head office                     |                  |             |
| City  | Province         | Postal code |
| D. Mailing address in Canada if other than 2C |                  |             |
| City  | Province         | Postal code |
| E. Telephone number                           | F. Email Address |             |

**3 Location of books and records, same as 2C above, or**

|         |          |             |
|---------|----------|-------------|
| Address |          |             |
| City    | Province | Postal code |

**4 End of plan year under review (see instructions)**

|                        |   |
|------------------------|---|
| A. Y Y Y Y / M M / D D | B. Number of months in the plan year: 12 months <input type="checkbox"/> Other <input type="checkbox"/> _____ (not to exceed 12 months) |
|------------------------|---|

**5 Number of employers in the plan**

|   |
|---|
| How many employers participated in the plan at the end of the plan year?<br>_____ |
|---|

**6 Changes in the list of participating employers**

|  |  |
|--|--|
| A. Have there been any changes to the list of employers covered by this pension plan since the last annual information return (or since the application for registration, if this is the first annual information return)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. If "yes", enter, in the appropriate subdivision below, the name and address of each employer and indicate whether it is an "addition" or "deletion".  |  |
| (i) Employers associated through ownership   |  |
|  |  |
| (ii) Employers associated only through nature of business  |  |
|  |  |
|  |  |
|  |  |

**PRIVACY NOTICE**

Under authority of the *Pension Benefits Act, 1997*, personal information is collected by the Pension Benefit Standards Division in order to perform annual supervision of pension plans. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. If you have any questions about the collection or use of this information please contact us at: Service NL, Pension Benefit Standards Division, P. O. Box 8700, St. John's, NL A1B 4J6 or by calling (709) 729-1039.

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## 7 Plan amendments

|   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Were any amendments made to this pension plan or fund during the plan year under review?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. If "yes", have the amendments been submitted to the department? (see instructions if pension plan is established by virtue of a collective agreement or decree.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Have all eligible employees, members and affected former members been informed of plan amendments?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. If "no", please explain  |                              |                             |
|   |                              |                             |

## 8 Cessation of contributions/benefit accrual

|  |   |   |                             |
|--|---|---|-----------------------------|
| A. Did a cessation of contributions or benefit accrual occur during the plan year?   |   | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| If "yes", what is:   | B. Effective date of cessation    Y Y Y Y    /    M M    /    D D | C. Date of final distribution of funds    Y Y Y Y    /    M M    /    D D |                             |
| D. Has the plan membership been affected by the discontinuation or sale of all or part of an employer's business operations? |   | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |

## 9 Current service cost (see instructions)

|  |  |
|--|--|
| A. Member contributions accrued            \$ _____                                      | E. Employer contributions accrued            \$ _____                                      |
| B. Additional voluntary contributions        \$ _____                                    | F. Less: Amounts credited from surplus or forfeitures (explain)        \$ ( _____ )        |
| C. Member amounts accrued in previous years and remitted in current year        \$ _____ | G. Employer amounts accrued in previous years and remitted in current year        \$ _____ |
| D. Member amounts accrued in current year but not remitted by year end        \$ _____   | H. Employer amounts accrued in current year but not remitted by year end        \$ _____   |
| I. Remarks: _____<br>_____<br>_____  |  |

## 10 Special payments for defined benefit plans (see instructions)

|   |  |
|---|--|
| Amount of special payments paid into the pension plan or fund during the plan year (not applicable to money purchase pension plans) |  |
| A. Unfunded liability payments remitted    \$ _____   | B. Solvency deficiency payments remitted    \$ _____ |

## 11 Contribution sufficiency (see instructions)

|   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Were the payments shown in sections 9 and 10 above in accordance with the plan terms or the last actuarial report filed with the department? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. If "no", please explain  |                              |                             |
|   |                              |                             |

## 12 Reconciliation of plan assets (see instructions)

|   |              |
|---|--------------|
| A. Market value of plan assets at beginning of the plan year                          | \$ _____     |
| B. Amount transferred in from other registered plans                                  | \$ _____     |
| C. Total employer contributions remitted (sum of 9E to 9G, less 9H, plus 10A and 10B) | \$ _____     |
| D. Total member contributions remitted (sum of 9A to 9C, less 9D)                     | \$ _____     |
| E. Investment earnings (losses) net of all expenses                                   | \$ _____     |
| F. Less: Benefits paid directly from the plan   | \$ ( _____ ) |
| G. Less: Benefits transferred to other registered plans                               | \$ ( _____ ) |
| H. Market value of plan assets at plan year end (sum of A to G)                       | \$ _____     |
| I. Book value of plan assets at plan year end   | \$ _____     |

**13 Reconciliation of plan members (see instructions)**

|   |           |
|---|-----------|
| A. Number of plan members at previous plan year end                         | _____     |
| B. Add: New entrants, i.e., employees joining the plan during the plan year | _____     |
| C. Subtract: Retirements during the plan year                               | ( _____ ) |
| D. Subtract: Deaths during the plan year                                    | ( _____ ) |
| E. Subtract: Terminations during the plan year                              | ( _____ ) |
| F. Number of plan members at plan year end (sum of A to E)                  | _____     |

**14 Plan membership by area of employment (see instructions)**

| Area of employment        | Plan members |            | Number of members from columns (a) and (b) working in "included employment" |
|---------------------------|--------------|------------|---|
|                           | (a) Male     | (b) Female |   |
| Newfoundland and Labrador | _____        | _____      | _____   |
| Prince Edward Island      | _____        | _____      | _____   |
| Nova Scotia               | _____        | _____      | _____   |
| New Brunswick             | _____        | _____      | _____   |
| Québec                    | _____        | _____      | _____   |
| Ontario                   | _____        | _____      | _____   |
| Manitoba                  | _____        | _____      | _____   |
| Saskatchewan              | _____        | _____      | _____   |
| Alberta                   | _____        | _____      | _____   |
| British Columbia          | _____        | _____      | _____   |
| Yukon                     | _____        | _____      | _____   |
| Northwest Territories     | _____        | _____      | _____   |
| Nunavut                   | _____        | _____      | _____   |
| Outside Canada            | _____        | _____      | _____   |
| <b>Total</b>              | _____        | _____      | _____   |

**15 Former members (see instructions)**

Number of former members who have ceased membership or retired (excluding persons for whom individual annuities have been purchased)

|  |       |
|--|-------|
| A. Pensioners and beneficiaries                        | _____ |
| B. Vested former members entitled to deferred pensions | _____ |

**Defined benefit plans – complete questions 16 – 17  
All other plans – go to Canada Revenue Agency Schedule**

**16 Adjustments to pension benefits (see instructions)**

Have adjustments been made to pensions in pay or deferred pension benefits during the plan year under review?

A.  No

B.  Yes - (in accordance with a requirement of the plan for regular adjustment of benefits)

C.  Yes - (pursuant to a collective agreement)

D.  Yes - (voluntarily by the employer)

E.  Yes - other (describe) \_\_\_\_\_

**17 Basis for adjustment (see instructions)**

|   |   |
|---|---|
| A. <input type="checkbox"/> Full Consumer Price Index (CPI)   | D. <input type="checkbox"/> Percentage increase _____% (not based on CPI) |
| B. <input type="checkbox"/> Partial CPI                       | E. <input type="checkbox"/> Flat dollar increase \$ _____ annually        |
| C. <input type="checkbox"/> Based on excess interest earnings | F. <input type="checkbox"/> Other method (specify) _____                  |

# Canada Revenue Agency Schedule

1 How many active members at plan year end were persons connected with the employer? \_\_\_\_\_

**Specified multi-employer plans and multi-employer plans, go to question 5. Other plans, continue with question 2.**

2 Did any member of this plan participate:  
 in any other Registered Pension Plan (RPP) or Deferred Profit-sharing Plan (DPSP) provided by this plan sponsor? Yes  No   
 or;  
 in an RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor? Yes  No

3 Have any connected persons joined or left the plan in the plan year? Yes  No

4 In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan? N/A  Yes  No

5 Actuarial liabilities resulting from plan obligations \$ \_\_\_\_\_  
 Y Y Y Y M M D D  
 | | | | | | | |

6 Date of actuarial liability assessment

**Money purchase plans and specified multi-employer plans, go to "certification". Other plans, continue with question 7.**

7 Were any plan members provided with Post-1989 Past-Service Benefits in the plan year? Yes  No

8 Have any plan members who are connected persons been provided with Pre-1992 Past-Service Benefits in the plan year? Yes  No

## Certification

As an authorized officer of the administrator of the pension plan noted above, I hereby certify that to the best of my knowledge and belief,

- (a) the contributions paid to the plan have been at least equal to those required by the applicable pension benefits legislation.
- (b) the plan and fund have been administered in accordance with the terms of the applicable pension benefits legislation.
- (c) the administrator has established a written statement of investment policies and procedures in accordance with Section 39 of the *Pension Benefits Act Regulations*.
- (d) the statement of investment policies and procedures complies with Section 39 of the *Pension Benefits Act Regulations*.
- (e) during the plan year under review, the assets of the pension plan were invested in accordance with Section 39 of the *Pension Benefits Act Regulations*.
- (f) the administrator has reviewed the statement of investment policies and procedures during the plan year under review.
- (g) the details entered on this Annual Information Return are true, correct and complete.
- (h) the plan complies with and is administered in accordance with sections 147.1, 147.2, and 147.3 of the *Income Tax Act (Canada)* and the related Regulations.

\_\_\_\_\_  
 Signature Name in Block Letters Date

\_\_\_\_\_  
 Title of Person Company

## Fees Payable

This Registered Pension Plan Annual Information Return required under Section 16 of the *Pension Benefits Act, 1997* shall be accompanied by a fee of:

- \$10.00 for each member of the pension plan (as per Section 13(F) above); and
- \$5.00 for each former member of the pension plan (as per Sections 15(A) and 15(B) above).

The fee payable shall not be less than \$200 or more than \$12,500.

## For Office Use Only

Remittance: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_ Processed By: \_\_\_\_\_