



Department of Labour and Workforce Development

Pension Regulation Division

For Official Use Only

P. O. Box 2531, Halifax, NS B3J 3N5

FILE NO. _____

902-424-8915

APPROVED _____

Form 1 - Application for Registration of Pension Plan
(Subsection 15(2) of the Act)

**Please Read the Guide for Application for Registration
Before Completing this Application**

1. Name and address of employer or association (see Guide)

(a) Name _____

(b) Address of head office _____

(c) Mailing address in Canada if other than in (b) _____

(d) Telephone number _____

2. Names and addresses of other employers of employees covered by this plan (see Guide)

(a) Employers associated through ownership _____

(b) Employers associated through nature of business (attach list)

3. Nature of business (see Guide)

(a) "Included Employment"

Indicate the main activity or activities of your business _____

(b) Other than "Included Employment"

Indicate the main activity or activities of your business _____

(c) Indicate the percentage of members employed in "Included Employment"

4. Type of organization

- | | | |
|--|--|---|
| <input type="checkbox"/> Municipal government | <input type="checkbox"/> Federal enterprise | <input type="checkbox"/> Trade or employee association |
| <input type="checkbox"/> Municipal enterprise | <input type="checkbox"/> Incorporated company | <input type="checkbox"/> Co-operative |
| <input type="checkbox"/> Provincial government | <input type="checkbox"/> (other than a crown | <input type="checkbox"/> Religious, charitable or other |
| <input type="checkbox"/> Provincial enterprise | <input type="checkbox"/> corporation) | <input type="checkbox"/> non-profit organization |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Unincorporated | <input type="checkbox"/> Other (describe) |
| | <input type="checkbox"/> business (sole proprietor | |
| | <input type="checkbox"/> or partnership) | |

5. Identification

(a) Official name or title of plan _____
Policy or trust number, if any _____

(b) Name and address of administrator (see Guide) _____

(c) Names and address of
(i) Corporate trustee, if any _____

(ii) Individual trustees, if any _____

(d) Name and address of insurance company, if any _____

(e) Name and address of consultant, if any _____

6. Plan details

(a) Effective date of plan _____ (day) _____ (month) _____ (year)

(b) Plan year ends on _____ (day) _____ (month)

(c) Was the plan constituted by virtue of a collective agreement or a decree?

YES NO

If "YES", please send [of] copy of the collective agreement or decree.

7. Information to members

Has each member received a copy of the pension plan or a written explanation of the terms and conditions of the plan and of the member's rights and duties thereunder?

YES NO

8. Plan membership

Number of plan members on payroll as of the date of this application:

AREA OF EMPLOYMENT (1)	PLAN MEMBERS ON PAYROLL	
	MALE (2)	FEMALE (3)
Newfoundland	_____	_____
Prince Edward Island	_____	_____
Nova Scotia	_____	_____
New Brunswick	_____	_____
Quebec	_____	_____
Ontario	_____	_____
Manitoba	_____	_____
Saskatchewan	_____	_____
Alberta	_____	_____
British Columbia	_____	_____
Yukon Territory	_____	_____
Northwest Territories	_____	_____
Outside Canada	_____	_____
TOTAL	_____	_____

9. Documents attached

Please check off the items included with this application form:

- | | |
|--|---|
| <input type="checkbox"/> Certified copy of pension plan text,
and amendments (if any) | <input type="checkbox"/> List of investments |
| <input type="checkbox"/> Certified copy of trust deed(s) | <input type="checkbox"/> Employees' booklet |
| <input type="checkbox"/> Certified copy of insurance contract(s) | <input type="checkbox"/> Certified copy of the
collective agreement or
decree (see item 6(c)) |
| <input type="checkbox"/> Certified copy of by-law(s) | <input type="checkbox"/> Financial statement |
| <input type="checkbox"/> Cost certificate | <input type="checkbox"/> Fee |
| <input type="checkbox"/> Actuarial report | |

I hereby make application for registration of the pension plan identified in this form under the *Pension Benefits Act* and any other pension benefits legislation to which this pension plan is subject.

I certify that the information given in all forms and documents relating to this application is true and correct to the best of my knowledge and belief.

SIGNATURE

NAME IN BLOCK LETTERS

TITLE OR POSITION

COMPANY OR ASSOCIATION

DATE

For Official Use Only

REMITTANCE: \$ _____

DATE: _____

CHEQUE NO: _____

CHECKED BY: _____