



Department of Labour and Workforce Development
Pension Regulations Division

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For Official Use Only

FILE NO. _____

APPROVED _____

Form 2 - Annual Information Return
(Subsection 27(1) of the Act)

**Please Read the Instructions for Annual Information Return
Before Completing the Return**

1. **Registration number** _____

2. **Name and address of employer or association (see Instructions)**

(a) Name _____

(b) Address _____
City _____ Postal code _____

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

(d) Telephone number _____

3. **Plan name** _____

Policy or trust number, if any _____

4. **Location of books and records, same as 2(b) above, or:**
Address _____ City _____ Postal code _____

5. **End of plan year under review (see Instructions)**

(a) Day: _____ Month: _____ Year: _____

(b) Number of months in the above plan year:
__ 12 months / OTHER: _____

6. **How many employers participated in the plan at the end of the pension plan year?**

7. **Describe below any additions or deletions made to the list of participating employers since completion of the last Annual Information Return filed with the Superintendent:**

8. (a) Were any amendments made to this pension plan during the plan year under review?
__ YES__ NO

(b) If "YES", have the amendments been submitted to the Department?
__ YES__ NO

(c) Have all eligible employees, members and affected former members been informed of plan amendments?
__ YES__ NO

(d) If "NO", please explain _____

9. **Did a cessation of contributions or of benefit accrual occur during the pension plan year?**

__ YES __ NO

If yes, what is:

- the effective date of cessation _____

- the date of final distribution of funds _____

Reason for cessation

- replaced by Registered Retirement Savings Plan
 - merged with or replaced by another registered pension plan
(Registration number _____)
 - company dissolved
 - no members left
 - financial considerations
 - other reason (please describe) _____
-
-

10. Active membership includes members on lay-off, suspension, disability or leave of absence - see instructions)

- (a) Number of active members at plan's previous year end: _____
 - (b) Add - NEW ENTRANTS, i.e. employees joining the plan during the plan year _____
 - (c) Subtotal (a + b): (c) _____
- Subtract - EXITS, i.e. employees who cease to be active members during the plan year, for the following reasons:
- (d) - retirement: _____
 - (e) - death _____
 - (f) - termination of membership in the plan _____
 - (g) - total exits (d + e + f) _____ (g) _____
- (h) Number of active members at the plan's year end (c-g): _____

11. Plan membership

Number of plan members on payroll as of the plan year end under review:

AREAS 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	_____	_____

Number on lay-off ____, suspension ____, disability ____, leave of absence ____.

ACTUAL CONTRIBUTIONS REMITTED

12. Member contributions

Required	_____
Voluntary	_____
Total member contributions	_____

Employer contributions

Special payments for unfunded liability and solvency deficiency	_____
Actual current service contributions	_____
Contributions paid from surplus of termination credits used	_____

Total employer contributions _____

Remarks _____

13. Financial data applicable to the plan year

Amount transferred in from other plans _____
Net investment earnings (losses) _____
Payment of benefits _____
Transfers of benefits to other plans _____
Market value of plan assets at beginning of
the plan year _____
Market value of plan assets at plan year end _____

DEFINED BENEFIT PLANS ONLY

14. Have adjustments been made to pensions in pay during the plan year under review?

- 1. No
- 2. Yes - in accordance with a requirement of the plan for regular adjustment of benefits.
- 3. Yes - pursuant to a collective agreement.
- 4. Yes - voluntarily by the employer.
- 5. Yes - other (describe) _____

15. Filing fee remitted \$ _____

Certificate

I, _____ hereby certify that I am the administrator* of the pension plan known as _____.

I further certify that, to the best of my knowledge and belief,

1. The information entered on this return is true, complete and correct.
2. The pension plan has been administered in accordance with the terms of applicable pension benefits legislation.
3. The contributions paid to the plan or fund are at least equal to those required by the applicable pension benefits legislation.
4. The administrator has established a written statement of investment policies and procedures in accordance with Schedule I of the regulations to the *Pension Benefits Act*.

5. The statement of investment policies and procedures complies with Schedule I and Schedule III of the regulations to the *Pension Benefits Act*.

6. The administrator has reviewed the statement of investment policies and procedures during the plan year under review.

7. During the plan year under review, the assets of the pension plan were invested in accordance with Schedule I and Schedule III.

SIGNATURE

NAME IN BLOCK LETTERS

TITLE OR POSITION

COMPANY OR ASSOCIATION

DATE

If your mailing address is different from the employer's address in Section 2 of this return, please provide it below:

* Where the administrator is a corporation, board, or committee, the certificate must be completed by an authorized officer of the administrator.

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REMITTANCE: \$ _____ DATED: _____

CHEQUE NO: _____ CHECKED BY: _____



Canada Customs
and Revenue Agency

Agence des douanes
et du revenu du Canada

Canada Customs and Revenue Agency Schedule

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

Specified multi-employer plan, no further questions.

Other multi-employer plans, go to Question 5.

2. Did any member of this plan participate:

in any other RPP or DPSP provided by this 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? Yes ____ No ____ N/A ____

Money purchase plans, no further questions. Other plans continue with Question 5.

5. Were any plan members provided with post-1989 past-service benefits in the plan year?

Yes ____ No ____

6. Have any plan members who are connected persons been provided with pre-1992 past-service benefits in the plan year? Yes ____ No ____