

Form 1 Application for Registration

For Staff Use Only	Stamp
Entered: _____	
Cheque No: _____	
Amount: \$ _____	
Reviewed: _____	

Use this form to register a pension plan with the Province of Nova Scotia.

Do NOT use this form for a pension plan regulated by another province or the federal government.

Complete this form and send it with all required documents to the Superintendent of Pensions **within 60 days** of establishing the plan.

This form is approved by the Superintendent of Pensions under the Pension Benefits Act.

1 ▶ Give plan information

Name of plan: _____

Registration number: _____

2 ▶ Give plan administrator's contact information

If the administrator is a corporation, pension committee, or board, use the name of the corporation, committee, or board.

Name of the administrator: _____

Name and title of contact person: _____

Address: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

3 ▶ Describe the plan administrator

3A What is the status of the administrator? Choose one of the following:

Employer or group of employers

Pension committee - Answer 3B below.

Insurance company

Board of trustees

Board, agency, or commission who must, by law, administer the plan

3B Answer the following questions ONLY if the administrator is a PENSION COMMITTEE.

How many members of the committee represent employers or anyone required to make contributions on behalf of an employer? _____

How many members of the committee are also members of the plan? _____

How many people in total are on the committee? _____

4 ▶ Give contact information of employer or sponsor

Name of employer or sponsor: _____

Address: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

If the employer's or sponsor's name or address changes, inform the superintendent in writing within 60 days of the change.

 **5 ▶ Give additional employer information**

Do other employers have employees participating in the plan? Include subsidiary or affiliated companies.

Yes - Attach the following information to this form: additional employer's name, additional employer's address, and additional employers' main business.

No

6 ▶ What kind of organization is the plan being registered for?

Public sector

Municipal government

Municipal enterprise

Federal government

Federal enterprise

Provincial government

Provincial enterprise

Other

Private sector

Incorporated business

Unincorporated business (sole proprietor or partnership)

Co-operative

Trade or employee association

Religious, charitable, or other non-profit organization

Other

7 ▶ Give consultant's contact information

Name of the consultant: _____

Consultant's position or title: _____

Name of consulting firm: _____

Address: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____



Attach an extra page listing all other applicable contacts such as third party administrators, plan auditor, custodian, affiliates, associates, or subsidiary company of the principal employer.

8 ▶ Describe the plan

Are the employer contributions to the plan required under a collective agreement?

Yes

No

Does the plan have any defined benefit provisions?

Yes

No

When is the effective date of the plan? (yyyy/mm/dd) _____

When is the plan's fiscal year end? (mm/dd) _____

Note: The plan's fiscal year end is December 31st unless the plan sets a different date.

What kind of plan is being registered? Put a mark in the corresponding circle.

Defined
benefit

Defined
contribution

Combination of
defined benefit and
defined contribution

Single employer

Multi-employer

Other, give details: _____

Is the plan a multi-employer plan created as part of a collective agreement or trust agreement; or a plan that provides defined benefits where the obligation of an employer to contribute to the plan is limited to a fixed amount or rate set out in a collective agreement?

Yes

No

Is the plan a “designated plan” as defined in the federal Income Tax Regulations?

Yes

No

9 ▶ Where are the funds held?

Choose one from the following list:

Benefits fully insured or guaranteed by an insurance company

Contract with an insurance company but the benefits are NOT fully insured or guaranteed

Trust agreement with individual trustees

Trust agreement with trust company

Pension funds society

Government, agency, board, or commission established by law to administer a pension fund

Other, give details _____

10 ▶ Give information regarding the funding arrangement

Company name (include the name of the corporate trustee, insurance company, or other body which holds the fund's assets): _____

Policy or trust account number: _____

Address: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

11 ▶ Give numbers of employees enrolled in the plan on the effective date of the plan

Area of employment	Male	Female	Total
Newfoundland & Labrador			
Prince Edward Island			
Nova Scotia			
New Brunswick			
Quebec			
Ontario			
Manitoba			
Saskatchewan			
Alberta			
British Columbia			
Yukon Territory			
Northwest Territories			
Territory of Nunavut			
Canada*			
Totals			

* Plan members working in the following areas come under the authority of the federal pension benefits standards legislation. Give their area of employment as Canada:

- Air, water, and rail transportation
- Interprovincial trucking
- Radio, television, and telegraph
- Atomic energy
- Flour, feed, or seed mills
- Chartered banks

12 ▶ Calculate the fee

Total fee owing: Total number of members (excluding members from PEI) x \$5.80 = _____

If your total is LESS THAN \$116.65 you must pay \$116.65

If your total is MORE THAN \$8,749.75, you must pay \$8,749.75

13 ► Check that all required documents are included

Certified copies of all documents that create and support the plan:

Text of the plan

Initial valuation report and actuarial information summary in respect of a defined benefit plan (if not already submitted)

Collective agreement if the plan was set up as part of such an agreement

Certified copies that create and support the pension fund:

Trust agreements

Deposit contracts with the insurance company

Group annuity contracts

Other types of funding instruments

Certified copy of any reciprocal transfer agreement related to the plan, if applicable.

Certified copy of the explanatory statement and other information provided to members and potential members as required under subsection 38(1) of the Pension Benefits Act (information provided by administrator)

Cheque or money order made payable to the Minister of Finance for the registration fee determined in part 12 of this form

14 ▶ Sign the certification

I declare that I am

The administrator of the plan

An agent or representative or officer of the administrator authorized by the administrator to file this application and to give this certification

I certify that I have attached certified copies of the following documents to this application:

All documents needed to create and support the plan and the pension fund

All other documents required by the Pension Benefits Act and Regulations as part of this application

I certify that the information in this application and the attached documents is true and the application is complete.

Signature: _____	Date (yyyy/mm/dd): _____
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First name: _____ Last name: _____

Position or title: _____

Company name: _____

Address: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted on as genuine.

15 ▶ Return the form and attachments

By mail to: Finance and Treasury
Board Pension Regulation
Division PO Box 2531
Halifax, NS B3J 3N5

By courier to: Finance and Treasury Board
Pension Regulation Division
1723 Hollis St, 4th floor
Halifax, NS B3J 1V9

Questions? Contact the consultant for the pension plan or email pensionreg@novascotia.ca