

# Form 1 Application for Registration

For Staff Use Only	Stamp
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**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
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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*			
<b>Totals</b>			

\* 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.

<b>Signature:</b> _____	<b>Date (yyyy/mm/dd):</b> _____
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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 fax to: (902) 424-5327

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

**Questions? Call 902-424-8915 or email [pensionreg@novascotia.ca](mailto:pensionreg@novascotia.ca)**