

Form 3

Summary of Contributions

► **Use this form** for a pension plan registered in the Province of Nova Scotia only.

Do not use this form for a multi-employer pension plan established under a collective agreement, a trust agreement, a statute, or a municipal by-law.

Who must complete this form?

The plan administrator.

When must this form be completed?

This form must be completed by each of the following deadlines:

- 90 days after the plan is established for the **first fiscal year**

AND

- 60 days after the beginning of **each subsequent fiscal year** until the wind-up date

AND

- 60 days after the administrator becomes **aware of any change** in the summary of contributions

AND

- for any period **following the wind-up date** during which contributions are required, for example, to fund a deficit

Who is to receive the completed form?

Each trustee of the pension fund must be given a completed form.

DO NOT leave any applicable parts of this form blank.

The trustee of a pension fund **MUST** be one of the following:

- a government
- an insurance company
- a trust corporation
- a corporate pension society
- 3 or more people appointed by a written trust agreement
- an entity under the Government Annuities Act (Canada)
- a board, agency, commission, or corporation made responsible by an Act of the Legislature for the administration of the pension fund
- any combination of the above

When do contributions have to be remitted to the fund?

Employee contributions (required, voluntary, and optional):

Within 30 days following the month in which the sum was received or deducted

Employer normal cost contributions:

Within 30 days following the month for which contributions are payable

Special payments:

Within 30 days after the month for which special payments are payable

1 Give plan information

Name of the plan: _____

Registration number: _____

Policy number: _____

2 Plan year or period covered by this form:

____ / ____ / ____ to ____ / ____ / ____
day / month / year day / month / year

3 Is this an original form or an update for the same period?

Original

Update

If this is an update, please provide an explanation below for the change in contributions:

4 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 administrator: _____

Name and title of contact person: _____

Address: _____ Town or City: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

5 Give trustee / custodian contact information

Name of trustee / custodian: _____

Address: _____ Town or City: _____

Postal code: _____ Email: _____

Phone number: _____ Fax number: _____

6 What type of plan is this?

Defined Benefit (DB)

Defined Contribution (DC)

Combination (DB and DC)

Other: _____

8 Sign the certification

I declare that I am

- the administrator of the plan
- an agent or representative of the administrator authorized to complete this summary, give it to the trustees, AND to give this certification

I confirm that, to the best of my knowledge, the information in this form is complete and accurate

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

Position or title: _____

Company name: _____

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 upon as genuine.

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

9 File this form

Send this completed form to the trustees of the pension fund only.

DO NOT send this form to the Department of Finance and Treasury Board, Pension Regulation Division.

Questions? Email: pensionreg@novascotia.ca