



# OSFI 48DC – Application form for the Registration of a Defined Contribution Pension Plan

Please refer to the *Instruction [Guide for the Registration of a Defined Contribution Pension Plan](#)* while completing this Application form. This Application form along with all the documents listed in PART II will be referred to as the “Application”.

OSFI encourages you to submit your Application electronically at [Approvals-Approbations@osfi-bsif.gc.ca](mailto:Approvals-Approbations@osfi-bsif.gc.ca).

## PART I

Line

**001 Official name of the pension plan (the Plan):**

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**002 Effective date of the Plan:** Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

**003 Plan year end:** Month \_\_\_\_ Day \_\_\_\_

**004 Type of plan:**

a)  Single employer plan

Name of employer \_\_\_\_\_

Employer website \_\_\_\_\_

b)  Multi-employer pension plan (MEPP)

c)  More than one participating employer but not a MEPP

Name of principal employer \_\_\_\_\_

If b) or c), please list all participating employers, along with contact information and website hyperlink for each.

Participating employer	Contact information (contact name, address, telephone number and email)	Employer website

**005 Type of organization of the employer(s)**

Trade or Employee Association

Sole Proprietorship or Partnership



- Crown Corporation  Co-operative or Non-Profit  
 Agent  
 Incorporated Company:  Other – please describe  
 privately held  publicly traded \_\_\_\_\_

**006 Name and contact information of Plan administrator**

Indicate whether the Plan administrator is:

- Employer(s)     Board of Trustees     Pension Committee or similar body

Plan administrator name \_\_\_\_\_

Name of primary Plan contact \_\_\_\_\_  
 (The contact person here is not the same as the third party administrator on line 007)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

If administered by a Board of Trustees/Pension Committee, please list all names and contact information of the Trustees/Committee members.

Name	Contact information (company, address, telephone number and email)

**007 Name and contact information of third party administrator (if applicable)**

Name of contact \_\_\_\_\_

Name of company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**008 How is the pension fund deposited? (check all that apply)**

- Insurance company contract – Fully insured or guaranteed  
 Insurance company contract – Not fully insured or guaranteed  
 Pension Fund Society  
 Single Trust Company – pooled funds  
 Single Trust Company – outside pooled funds  
 Trust Agreement (please provide names and addresses of Trustees in table below)

Name of Trustee	Contact information for Trustee (company, address, telephone number and email)



Name of Trustee	Contact information for Trustee (company, address, telephone number and email)

Other – \_\_\_\_\_

**009 Name and contact information of pension fund custodian** (if more than one, please attach a list with the following information)

Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Policy/Account # \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**010 Who makes the investment decisions for the pension fund?**

- Employer  
 Members (referred to as “member choice”)

**011 Does the Plan result from a division/spin-off/termination of another pension plan?**

- Yes  No

If “Yes”, please provide the following information regarding the prior plan:

- Jurisdiction \_\_\_\_\_
- Official name of the pension plan \_\_\_\_\_
- OSFI/Provincial registration number \_\_\_\_\_
- Canada Revenue Agency registration number \_\_\_\_\_

**Will the prior plan be terminated?**  Yes  No

**Will assets be transferred from the prior plan to the Plan?**  Yes  No

**012 Does the Plan result from a transfer from another jurisdiction?**

- Yes  No

If “Yes”, please provide the following information:

- Jurisdiction being transferred from \_\_\_\_\_
- Provincial registration number \_\_\_\_\_
- Effective date of transfer \_\_\_\_\_

**013 Have you applied to register the Plan with the Canada Revenue Agency?**

- Yes  No

If registered, please provide the Canada Revenue Agency registration number: \_\_\_\_\_

**014 Is the Plan established pursuant to a collective agreement?**

- Yes  No

If “Yes”, please provide the following information:



Collective bargaining agent/unit	Expiration date of current collective agreement

Are the contribution levels set by the collective agreement?

Yes  No

**015 Information to members**

Have all eligible employees, and their spouses or common-law partners received a written explanation of the terms and conditions of the Plan and of their rights and duties thereunder?

Yes  No

If “Yes”, date on which members were provided this information

Year \_\_\_\_\_ Month \_\_\_ Day \_\_

If “No”, please explain \_\_\_\_\_

**016 Nature of business – Included Employment**

*(please consult the Instruction Guide for additional information before completing this section)*

Please provide information about the nature of the business, and how its activities fall within one of the categories of included employment listed below:

\_\_\_\_\_

Indicate the appropriate category (select only one):

- |  |   |
|--|---|
| <input type="checkbox"/> Navigation and Shipping           | <input type="checkbox"/> Chartered Bank                 |
| <input type="checkbox"/> Harbour Operations                | <input type="checkbox"/> Flour, Feed or Grain-Seed Mill |
| <input type="checkbox"/> Rail Transportation               | <input type="checkbox"/> Atomic Energy                  |
| <input type="checkbox"/> Air Transportation                | <input type="checkbox"/> Uranium Mining                 |
| <input type="checkbox"/> Road Transportation               | <input type="checkbox"/> N.W.T., Nunavut and/or Yukon   |
| <input type="checkbox"/> Radio and/or Television           | <input type="checkbox"/> Interprovincial Pipelines      |
| <input type="checkbox"/> Telephone and Other Communication | <input type="checkbox"/> International Bridge           |
| <input type="checkbox"/> Other – please describe:          | <input type="checkbox"/> Indigenous                     |

\_\_\_\_\_

**017 Plan membership**

*(refer to the Instruction Guide for further details)*

Location of Employment	001 Male	002 Female	003 Included Employment
<b>Members</b>			
Newfoundland and Labrador			
Prince Edward Island			
Nova Scotia			
New Brunswick			
Quebec			
Ontario			
Manitoba			
Saskatchewan			
Alberta			



Location of Employment	001 Male	002 Female	003 Included Employment
<b>Members</b>			
British Columbia			
Yukon Territory			
Northwest Territories			
Nunavut			
Outside Canada			
<b>Total Members</b>			
<b>Other Beneficiaries</b>			
<b>Grand Total</b>			

**018 If membership in the Plan is mandatory, have all eligible employees been enrolled in the Plan as of the effective date?**

Yes  No

If "No", please explain \_\_\_\_\_

**019 Have all required (employee and employer) contributions since the effective date of the Plan been remitted to the pension fund?**

Yes  No

If "No", please explain \_\_\_\_\_

**020 Would you prefer future correspondence in:**  English  French

**PART II**

**Line**

**021 Required documents**

- Plan text or by-laws
- Board or Band Resolution establishing the Plan<sup>1</sup>
- Employee booklet
- Insurance Contract / Trust Agreement (Individual Trustees or Corporate Trustee) or other custodial instrument
- Cost certificate

If any of these documents are not included in the Application, please provide an explanation and /or timeline for submitting the outstanding documentation

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**022 Other documents (as applicable)**

- Collective Agreement(s) (if the Plan is established pursuant to a collective agreement)  
Please indicate the relevant sections: \_\_\_\_\_
- Amendments, if any, to any of the accompanying documents

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<sup>1</sup> A Board or Band Resolution establishing an Individual Pension Plan, where the member is not the sole owner of the Company, cannot be signed by the member.



PART III

**DECLARATION OF COMPLIANCE**

I, \_\_\_\_\_, DECLARE THAT, to the best of my knowledge, the following is true and correct:

1. I am a duly authorized signing officer of the employer or a member of a board of trustees or similar body or pension committee that is the administrator of the

(Insert official name of the Plan

\_\_\_\_\_)  
hereinafter referred to as “the Plan”, and I hereby apply for registration of the Plan under the *Pension Benefits Standards Act, 1985*;

2. The Plan, including all documents that create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto. If the Plan includes members who are not employed in included employment and their benefits are subject to provincial pension legislation, the benefits of those members under the terms of the Plan, including all documents that create or support the Plan or the pension fund, comply with the provisions of the pension legislation of those other jurisdictions; and

3. For the portion of the Plan’s portfolio of investments and loans other than those relating to any member choice account, a Statement of Investment Policies and Procedures was established and adopted on \_\_\_\_\_ and this Statement of Investment Policies and Procedures complies with the requirements of the *Pension Benefits Standards Act, 1985*, and the Regulations thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, in the City of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_

\_\_\_\_\_  
Authorized officer of Plan administrator  
(USE BLOCK LETTERS)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or position

