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APPLICATION FOR REGISTRATION OF A PENSION PLAN

NOTE: Plans whose only members are “connected persons” as defined under the *Income Tax Act*(Canada) do NOT file with this office

GENERAL INFORMATION – PLAN SPONSOR / ADMINISTRATOR				
Official Name of the Pension Plan				
Plan Sponsor / Administrator Name (Company or Board)				
Primary Plan Contact Information (REQUIRED)	Name:		Position or Title:	
	Address:			
	Phone:		Email:	
	Fax:			
Plan Sponsor / Administrator Means:	<ul style="list-style-type: none"> in the case of a single employer or individual pension plan, the plan sponsor in the case of a Multi-Unit Pension Plan (MUPP), the designated employer or Board of Trustees, as applicable in the case of a Specified Multi-Employer Pension Plan (SMEPP), the Board of Trustees 			
CONTACT INFORMATION - PLAN SERVICE PROVIDERS				
Name and Address of Fund Holder (Required)	Company Name:			
	Address:			
	Policy/Trust Account Number			
Name and Address of Actuary (Required only for plans with Defined Benefit provisions)	Name:		Position or Title:	
	Company Name:			
	Address:			
	Email:		Telephone:	
Name of Consultant OPTIONAL (only if different from Actuary or Fund Holder)	Company Name:			
	Address:			
	Telephone:			
If needed, attach a sheet containing all other applicable contacts (i.e. third party administrators; plan auditor, custodian, etc.)				

NATURE OF BUSINESS

Are any plan members employed in federally regulated activities or industries? If Yes, ensure the Membership section on page 3 is completed in its entirety.

Yes
 No

Please use the following NAICS Codes and Industry Descriptions to select the main activity of your business. **Select ONLY one code:**

More information on NAICS can be found at: <http://www.statcan.ca/english/Subjects/Standard/concordances/sice80-to-naics97-sec.htm>
OR you can call Statistics Canada at 1-800-263-1136 for assistance in determining your NAICS / Industry Classification Code

NAICS	INDUSTRY DESCRIPTION	NAICS	INDUSTRY DESCRIPTION
11	<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting	52	<input type="checkbox"/> Finance and Insurance
21	<input type="checkbox"/> Mining, Quarrying, and Oil and Gas Extraction	53	<input type="checkbox"/> Real Estate and Rental and Leasing
22	<input type="checkbox"/> Utilities	54	<input type="checkbox"/> Professional, Scientific and Technical Services
23	<input type="checkbox"/> Construction	55	<input type="checkbox"/> Management of Companies and Enterprises
31	<input type="checkbox"/> Manufacturing - Food, Beverage, Tobacco, Clothing, Textile & Leather	56	<input type="checkbox"/> Administrative and Support, Waste Management and Remediation Services
32	<input type="checkbox"/> Manufacturing - Wood, Paper, Printing, Chemical, Petroleum, Metal etc.	61	<input type="checkbox"/> Educational Services
33	<input type="checkbox"/> Manufacturing - Electronic, Machinery, Furniture, Transportation & Misc.	62	<input type="checkbox"/> Health Care and Social Assistance
41	<input type="checkbox"/> Wholesale Trade	71	<input type="checkbox"/> Arts, Entertainment and Recreation
44	<input type="checkbox"/> Retail Trade	72	<input type="checkbox"/> Accommodation and Food Services
48 / 49	<input type="checkbox"/> Transportation and Warehousing	81	<input type="checkbox"/> Other Services (except Public Administration)
51	<input type="checkbox"/> Information and Cultural Industries	91	<input type="checkbox"/> Public Administration

TYPE OF ORGANIZATION

Public Sector		Private Sector	
Municipal Government	<input type="checkbox"/>	Incorporated	<input type="checkbox"/>
Municipal Enterprise	<input type="checkbox"/>	Unincorporated Business (sole proprietor or partnership)	<input type="checkbox"/>
Federal Government	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>
Federal Enterprise	<input type="checkbox"/>	Trade or Employee Association	<input type="checkbox"/>
Provincial Government	<input type="checkbox"/>	Religious, Charitable or Other Non-profit Organization	<input type="checkbox"/>
Provincial Enterprise	<input type="checkbox"/>	Other (Private) :	<input type="checkbox"/>
Other (Public) :	<input type="checkbox"/>		

PLAN CLASSIFICATION

How many employers (affiliated or not) participate in this plan? <input type="text"/>	Are the employer contributions to the plan collectively bargained? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLAN DETAILS

Does this plan have any **Defined Benefit** provisions?

Yes No

EFFECTIVE DATE OF PLAN:

YEAR				MONTH		DAY	

PLAN FISCAL YEAR END:

NOTE: The plan's Fiscal Year End is 12-31 unless the plan text defines a different date.

MONTH		DAY	

PLAN REVIEW DATE (for plans with defined benefit provisions only):

NOTE: The pension plan's review date is 12-31 or the same as the plan's Fiscal Year end, unless the plan text defines a different date.

MONTH		DAY	

Note:

- Unless members make ALL investment decisions, the Plan must have a Statement of Investment Policies and Procedures (SIPP)
- Further, if the Plan has Defined Benefit provisions, the SIPP must be filed with the actuary

MEMBERSHIP						FEE ENCLOSED	
AREA OF EMPLOYMENT	TOTAL NUMBER OF EMPLOYEES OF THE PLAN SPONSOR		NUMBER OF EMPLOYEES ENROLLED ON THE DATE OF PLAN ESTABLISHMENT			NUMBER OF ENROLLED EMPLOYEES WHO ALSO WORK IN INCLUDED EMPLOYMENT	TOTAL
	MALE	FEMALE	MALE	FEMALE	TOTAL "A"		
ALBERTA							
NEWFOUNDLAND & LABRADOR							
PRINCE EDWARD ISLAND							
NOVA SCOTIA							
NEW BRUNSWICK							
QUEBEC							
ONTARIO							
MANITOBA							
SASKATCHEWAN							
BRITISH COLUMBIA							
YUKON TERRITORY							
NORTHWEST TERRITORIES							
NUNAVUT							
OUTSIDE CANADA							
TOTAL							

IN THIS COLUMN, PLEASE ENTER THE TOTAL NUMBER OF EMPLOYEES WHO WORK IN INCLUDED EMPLOYMENT, OF THE NUMBER LISTED IN COLUMN "A"

\$7.00 / ACTIVE MEMBER
MINIMUM = \$200.00
MAXIMUM = \$20,000.00

\$

FILING OF DOCUMENTS (HAVE YOU CHECKED THE APPROPRIATE BOXES?)

The application and accompanying documents must be filed with the office of the Alberta Superintendent of Pensions not later than 60 days after the decision to establish the plan is made.

The following signed documents have been included with the application for registration:

<input type="checkbox"/>	Pension Plan Text
<input type="checkbox"/>	Fund Holder Agreement(s)
<input type="checkbox"/>	Any document that creates the plan or under which the plan is constituted (e.g. Board Resolution)
Either	<input type="checkbox"/> The employee booklet
	OR
	<input type="checkbox"/> A statement that every member will be given a copy of the full plan text
In addition, if the plan has a defined benefit provision:	
<input type="checkbox"/>	Initial Actuarial Valuation and Cost Certificate

CERTIFICATION (must be signed by the individual shown as the Plan Sponsor/Administrator Contact on Page 1 of this form). *A third party administrator or consultant is not permitted to sign the form on behalf of the plan sponsor.*

SIGNATURE	DATE

NOTE: Information collected on this form may be released to individuals, upon request, in accordance with the requirements, terms and conditions of the *Freedom of Information and Protection of Privacy Act*.

Please forward this application with the necessary documents and the required fee, payable to the *Minister of Finance of Alberta* to:

Alberta Finance
 Superintendent of Pensions
 402 Terrace Building
 9515 - 107 Street
 EDMONTON, AB T5K 2C3