

# New Plan

## Application for Registration of a Pension Plan

This form is intended for plan administrators or their authorized representatives. It will guide you in the procedure for applying for registration of a pension plan with the Régie des rentes du Québec. It will also help you make sure that you have provided all the documents and information required under the *Supplemental Pension Plans Act* (Act or A) and its regulations, that is, the *Regulation respecting supplemental pension plans* (Regulation) and the *Regulation respecting the exemption of certain categories of pension plans from the application of the Supplemental Pension Plans Act* (Regulation respecting exempted plans).

If the plan has members in Québec as well as in another jurisdiction (Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Saskatchewan, Newfoundland-Labrador, the Northwest Territories, Nunavut or Yukon), it must be registered with the supervisory agency in the place where the largest number of active members are found. If the plan also has members in Prince Edward Island or outside Canada, or if the employment is under federal jurisdiction, it may also have to be registered with another supervisory agency.

A properly completed form can be processed more quickly by the Régie des rentes du Québec. Be sure to answer all the questions and provide all the required documents. You can use the checklist in section 8 to make sure your application is complete.

An application for registration of a pension plan must be submitted to the Régie within 90 days following the date on which the pension plan becomes effective, unless the Régie grants an extension.

The date the pension plan becomes effective is the earlier of the following:

- the date from which, for the purposes of determining the normal pension, the employees' service is taken into account as it is completed, or in the case of a defined contribution plan, the date on which employer contributions begins to be paid;
- the date on which member contributions begin to be collected.

This form must be sent to: **Direction des régimes de retraite, Régie des rentes du Québec, case postale 5200, Québec (Québec) G1K 7S9**. For additional information, contact an Information Officer at:

- Telephone: (418) 643-8282
- Fax: (418) 643-7421
- E-mail: [rqr@rrq.gouv.qc.ca](mailto:rqr@rrq.gouv.qc.ca)

Note: A person who applies for the registration of a similar plan, established within the meaning of section 34 of the Act, must clearly indicate this when the application for registration of the plan is made. Moreover, the person must provide a certificate of similarity so that the Régie can register the plan as a similar plan. (See *Newsletter*, number 9, concerning the right to membership.)



# Information

## **Section 1 Information about the plan**

Indicate the plan name, effective date, and the date of the end of its fiscal year, as indicated in the plan provisions.

Some characteristics require the authorization or approval of the Régie. It is therefore important to clearly indicate them in this section.

A multi-employer pension plan is a plan in which the members are the employees of 2 or more employers. However, a plan is not necessarily considered to be a multi-employer plan if the employers who are parties to the plan are either subsidiaries of the same parent company or a parent company and its subsidiaries and if the plan provides that the subsidiaries that are parties to the plan and the parent company agree that the plan not be considered a multi-employer plan. In this case, the employers party to the plan are solidarily liable for the obligations incumbent upon each employer under the plan or under the Act (A11).

## **Section 2 Plan administrator**

A pension plan must be administered by a pension committee from the time of its registration (A147).

However, until the plan is registered, it can be administered by the employer, if the pension committee has not been formed (A149).

However, plans that have 25 or fewer members\* and beneficiaries can, if the plan text so provides, be administered by either the employer or by a limited pension committee (section 1 Regulation respecting exempted plans).

The plan administrator can also be a person, body or group authorized by law to administer the plan (A266). This is the case for plans administered by a labour union in accordance with section 9 of the *Professional Syndicates Act*.

Complete the pertinent section of Appendix 2.

## **Section 3 Information about the employer party to the plan**

Give the name of the employer party to the plan. If more than 1 employer is party to the plan, complete Appendix 3 as well. The names of all the employers party to the plan must be indicated in the plan text, as required under section 14 of the Act.

## **Section 4 Funding**

A pension plan must be the subject of an actuarial valuation at the date on which it becomes effective (A116), unless:

- it has only defined contribution plan provisions;
- it has only defined contribution provisions and benefits guaranteed by an insurer;
- it is an insured pension plan for which the insurer is responsible for all the fees and benefits following termination.

\* In this form, "member" includes active and non-active members.

## Information (cont.)

### **Section 5** *Distribution of the number of members and beneficiaries*

The number of active members must be broken down by sex and place of work **as at the date of the application for registration**. The number of employees whose conditions of employment are regulated by federal law must be indicated on the line "Employment under federal jurisdiction".

"Place of work" means the location (province or territory) of the employer's establishment to which active members must report for work, or if they do not report to any of the employer's establishments, the province or territory of the establishment from which they are paid.

The number of non-active members and beneficiaries does not have to be distributed by sex. It must be distributed by the member's place of employment at the end of his or her active membership. For beneficiaries, indicate the place of employment of the members giving them entitlement.

### **Section 6** *Written acknowledgment of the employers party to the plan*

Any employer who has obligations under the plan must acknowledge in writing the obligations incumbent upon him. The acknowledgment can be made in a variety of ways. The most common method is the adoption of a resolution by the employer's board of directors in which the provisions of the plan are approved.

In the case of a plan that has more than 1 employer, all the employers must provide a written acknowledgment, even if the plan is not considered a multi-employer plan.

The written acknowledgment of any employer affected must be enclosed with the application. However, section 24 of the Act provides certain exceptions. To be exempted, Section 6 must be signed.

### **Section 7** *Calculation of required fees*

The required fees are determined according to the number of members and beneficiaries under the supervision of the Régie **at the date on which the application for registration is made** (line 1 in Section 5). Therefore, members and beneficiaries from Prince Edward Island are excluded, as are those under federal jurisdiction and those outside Canada. Those members are supervised in accordance with any applicable legislation.

The cheque in payment of the fees must be made out to the Régie des rentes du Québec.

The required fees are 500 \$ in the case of a plan to which Chapter X of the Act applies, that is, plans that must produce an actuarial valuation (see Section 4), or 250 \$. To this fee is added an additional amount set at 7,25 \$ for each member and beneficiary under the jurisdiction of the Régie as at the date of the application for registration of the plan, up to a maximum of 100 000 \$. If the plan has a flexible component, additional fees of 1 000 \$ apply.

Note that the fee set per member and beneficiary changes every year. For example, for an application for registration filed with the Régie between 31 December 2003 and 30 December 2004, the fee is 7,25 \$ for each member and beneficiary under the jurisdiction of the Régie. To find out the fees for subsequent years, contact an Information Officer at the Direction des régimes de retraite or see our Internet site.

### **Section 10** *Name and address of the person who represents the plan administrator*

The person representing the plan administrator is the person designated by the plan administrator to be the plan's liaison person with the Régie, that is, the person with whom the Régie communicates verbally or in writing. Among other activities, that person:

- receives written correspondence addressed to the plan;
- handles requests from the Régie
- forwards correspondence received by the plan to the persons, bodies or companies concerned.

## 1. Information about the plan

- a) Name of the plan \_\_\_\_\_  
 \_\_\_\_\_
- Effective date of the plan     
year month day
- End date of the plan's fiscal year    
month day
- b) Does the plan have characteristics that require the authorization or approval of the Régie?  Yes  No  
 If yes, check the applicable sections:
- Employer contribution has a non-uniform rate or proportion (A41)
- Benefits or employer contributions vary according to number of years of employment or credited service (A57)
- Actuarial assumptions determined by the plan (A61)
- Pension supplement not included in the deferred pension (A68)
- Plan fiscal year other than 12 months (A160)
- Other, please specify: \_\_\_\_\_
- c) Does the plan have a flexible component that is not subject to certain provisions of the Act?  Yes  No  
 If yes, provide a copy of the agreement provided for under section 32 of the Regulation respecting exempted plans.
- d) Is there more than 1 employer party to the plan?  Yes  No  
 If yes, is there a provision stating that the subsidiaries that are parties to the plan and the parent company agree that the plan not be considered to be a multi-employer plan?  Yes  No  
 If yes, specify the relevant section of the plan provisions. Section: \_\_\_\_\_
- e) Is any employer who is party to the plan required to make contributions to any other pension plan?  
 Yes  No If yes, complete **Appendix 1**.
- f) Is the plan a connected plan within the meaning of Division VIII of the Regulation respecting exempted plans?  Yes  No  
 If yes, provide the name of the plan and the plan number assigned by the supervisory authority in question.  
 Name of the plan \_\_\_\_\_  
 Plan number \_\_\_\_\_ Place of registration \_\_\_\_\_
- g) Does this plan result from a division of an existing plan?  Yes  No  
 If yes, provide the name of the plan and the plan number assigned by the supervisory authority in question.  
 Name of the plan \_\_\_\_\_  
 Plan number \_\_\_\_\_ Place of registration \_\_\_\_\_

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

## 2. Plan administrator

- a) Is the plan administered by a pension committee?  Yes  No
- b) Is the plan being administered by the employer because it has not yet been registered, as permitted under section 149 of the Act?  Yes  No

If yes, once the plan has been registered, a pension committee must be established, in accordance with the Act.

- c) If the plan has no more than 25 members and beneficiaries, is it administered by the employer or by a limited pension committee as permitted under section 1 of the Regulation respecting exempted plans?  
 Yes  No
- d) Is the administrator of this plan a person, a body or a group authorized by law to administer the plan? (A266)  
 Yes  No

Complete the relevant portion of **Appendix 2**.

## 3. Information about the employer party to the plan

Employer's name\* \_\_\_\_\_

Type of business \_\_\_\_\_

\* If there is more than 1 employer party to the plan, indicate here the name of the main employer and complete **Appendix 3**.

## 4. Funding

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, certify that:  
name, please print

- the report on the actuarial valuation of the plan is enclosed (A119);
- the plan is an uninsured plan in which the benefits of the members and beneficiaries at any given time result only from the amounts paid into their accounts;
- the plan is an uninsured plan in which the benefits of the members and beneficiaries are made up of only the benefits and refunds insured at any given time by an insurer and the benefits result only from the amounts paid into their accounts;
- the plan is an insured plan and the insurer is responsible for all the fees and benefits following a termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 5. Distribution of the number of members and beneficiaries

Number of members and beneficiaries **at the date of the application for registration of the plan.**

Supervisory authority	Active members		Total
	Men	Women	
Québec			
Alberta			+
British Columbia			+
Manitoba			+
New Brunswick			+
Nova Scotia			+
Ontario			+
Saskatchewan			+
Newfoundland and Labrador			+
Northwest Territories			+
Nunavut			+
Yukon			+
Number of non-active members and beneficiaries who are subject to the 12 jurisdictions listed above			+
<b>Subtotal (transfer this number to the first box on line 3 in section 7.)</b>			=
Prince Edward Island			+
Employment under federal jurisdiction			+
Outside Canada			+
Number of non-active members and beneficiaries in the 3 situations listed above			+
Total number of members and beneficiaries			=

## 6. Written acknowledgment of the employers party to the plan

Enclose the written acknowledgment of the employers party to the plan. It is not necessary to send the acknowledgments if the following certificate is completed.

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, do hereby certify that I obtained the written acknowledgment of all the employers concerned and can present them to the Régie upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 7. Calculation of required fees

Enter 500 \$ in the case of a plan subject to Chapter X of the Act (a plan that requires a periodic actuarial valuation); if not, indicate 250 \$. [ ] \$ 2

Number of members and beneficiaries [ ] x Rate for the year in question [ ] = [ ] \$ 3  
 (Bring forward the number from **line 1** in **section 5**.)

Total of **lines 2** and **3** ..... [ ] \$ 4

If the required fees calculated on **line 4** is greater than 100 000 \$, indicate 100 000 \$. In any other case, indicate the amount shown on **line 4** ..... [ ] \$ 5

If the new plan has a flexible component that is subject to certain provisions of the Act, enter 1 000 \$ ..... [ ] \$ 6

Total of **lines 5** and **6** ..... [ ] \$ 7

Enclose a cheque made out to the **Régie des rentes du Québec** for the amount shown on **line 7**.

## 8. Attachments

Check off the documents provided with this application.

- Certified true copy of the plan provisions (original signature of the plan administrator).
- Certified true copy of the insurance contract if the plan is insured (original signature of the insurer).
- List of the other plans to which an employer party to the plan must contribute (**Appendix 1**).
- The names and addresses of the members of the pension committee if there is a committee, or if there is not, the name and address of the employer who administers the plan (**Appendix 2**).
- If there is more than 1 employer party to the plan, the names of all the employers (**Appendix 3**).
- Written acknowledgment of all the employers party to the plan.
- A report on the actuarial valuation of the plan as at the effective date of the plan, signed by an actuary.
- The cheque or other form of payment for the required fees.
- If the plan has a flexible component, a copy of the undertaking provided for under section 32 of the Regulation respecting exempted plans.
- Other documents, please specify: \_\_\_\_\_



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

### **Appendix 1 Other pension plans**

List the other plans to which the employer party to the plan is required to contribute.

If you need more space, use additional sheets and enclose them with the application.

1 Plan name	
Registration number	Place of registration

2 Plan name	
Registration number	Place of registration

3 Plan name	
Registration number	Place of registration

4 Plan name	
Registration number	Place of registration

5 Plan name	
Registration number	Place of registration

6 Plan name	
Registration number	Place of registration

7 Plan name	
Registration number	Place of registration

8 Plan name	
Registration number	Place of registration



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

**Appendix 2 Plan administrator (cont.)**

6 Name			
Address			City
Province or territory	Country	Postal code	Telephone <small>area code</small>

7 Name			
Address			City
Province or territory	Country	Postal code	Telephone <small>ind. rég.</small>

8 Name			
Address			City
Province or territory	Country	Postal code	Telephone <small>area code</small>

**Employer who is administering the plan**

Name			
Address			City
Province or territory	Country	Postal code	Telephone <small>area code</small>

**Person, body or group authorized by law to administer the plan**

Name			
Address			City
Province or territory	Country	Postal code	Telephone <small>area code</small>
Name of the law			

**Appendix 3 Employers party to the plan**

List the names of the employers party to the plan. The names must also be indicated in the provisions of the plan, as required under section 14 of the Act.

If you need more space, use additional sheets and enclose them with the application.

1 Name of the employer

2 Name of the employer

3 Name of the employer

4 Name of the employer

5 Name of the employer

6 Name of the employer

7 Name of the employer

8 Name of the employer

9 Name of the employer

10 Name of the employer

11 Name of the employer

12 Name of the employer

13 Name of the employer

14 Name of the employer

15 Name of the employer