

Pension Plan for Persons Connected with the Employer
Request for an exemption from the provisions of the *Supplemental Pension Plans Act* (sect. 2.1 and 288.0.2)

1. Information about the pension plan

Plan name: _____
 Number assigned by the Régie des rentes du Québec: _____
 Number assigned by the Canada Revenue Agency: _____

2. Request for exemption and certification by plan administrator

As authorized representative of the administrator of the pension plan mentioned above, I have reviewed the effects of an exemption from the provisions of the *Supplemental Pensions Plans Act*, listed in section 3 of this form, and hereby request an exemption.

I certify that:

- all the members of the pension plan are persons connected with the employer within the meaning of subsection 3 of section 8500 of the *Income Tax Regulations*;
- membership in the plan is optional and reserved for persons connected with the employer;
- only employees subject to the *Act* may be eligible for membership in the plan;
- members cease to be active when no longer connected with the employer;
- there are ____ members and beneficiaries in the plan (**indicate the number**);
- all fees owed to the Régie des rentes du Québec have been paid.

I **also certify that** the pension plan falls under one of the following categories where the benefits of members and beneficiaries are concerned (**check only one box**):

- The benefits are not the result of any sums that originated directly or initially in another pension plan.
- The benefits are the result of sums that originated directly or initially in another pension plan. That plan, however, was registered with the Régie prior to 5 December 2000.
- The value of the benefits resulting from the transfer of sums that originated directly or initially in another pension plan was transferred to a locked-in retirement account (or to another pension plan under section 98 of the *Act*). I can provide the Régie des rentes du Québec with proof.

Name: _____

Signature: _____

Date

year	month	day
_	_	_

Name of signatory's employer _____

Address (number, street, office number) _____

City	Province	Country	Postal code
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Telephone <small>area code</small>	Extension	Fax <small>area code</small>	
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Email _____

