

Name of the plan _____

Plan number _____ (number assigned by the Régie des rentes du Québec)

I, _____, being duly authorized to act as the administrator or mandatary of the administrator of the plan mentioned above, declare that the plan is being terminated and that the date of its termination is _____.

year month day

I certify that:

1. the termination follows a decision of the employer who is party to the plan (or, in the case of a multi-employer plan, the unanimous decision of the employers who are parties to the plan);
2. to the best of my knowledge, no agreement prevents the employer or the employers from terminating the plan;
3. the employer or the employers communicated their decision to terminate the plan by giving written notice, a copy of which is attached hereto, that, to the best of my knowledge, was transmitted to all the affected members and beneficiaries (*that is, all the plan's members and beneficiaries whose benefits were not paid in full before the termination date and, if the termination resulted from a division, merger, disposal or closure of the enterprise or a part of the enterprise, all the members whose active membership ceased during the period between the date on which the members were informed of the event in question and the date of termination*), the accredited association representing the members, the pension committee and the insurer, if any;
4. the notice mentioned in paragraph 3 indicates the plan's date of termination as well as the members and beneficiaries affected;
5. the date of termination mentioned above is not subsequent to the day preceding the day on which the benefits of the plan's last member or beneficiary were paid in full;
6. to the best of my knowledge, the date of termination (check, as appropriate, one of the following boxes):

is not prior to the date of the cessation of collection of member contributions nor the date preceding by 30 days the transmittal of the notice of termination to the active members;

is prior to the date of the cessation of collection of member contributions or the date preceding by 30 days the transmittal of the notice of termination to the active members, but each of the members whose active membership ended on the occasion of the termination or thereafter has consented in writing to the termination of the plan at the date mentioned above and the pension committee is able to produce those consents at the request of the Régie;

7. the plan administrator received the written notice of termination from the employer (or employers) on

_____.

year month day

Signature _____ Date _____

Enclosure: Notice of Termination

Complete, sign and mail to:

Direction des régimes de retraite, Régie des rentes du Québec, Case postale 5200, Québec (Québec) G1K 7S9