

**IMPORTANT**

Please read the *Guide to the Annual Information Return* before completing this form.

Return this form to:  
 Direction des régimes de retraite  
 Régie des rentes du Québec  
 Case postale 5200  
 Québec (Québec) G1K 7S9

1 Plan number

\_\_\_\_\_

2 End of the plan's fiscal year

Year	Month	Day
_____	_____	_____

**3 Name of the plan (found in the plan text)**

\_\_\_\_\_

\_\_\_\_\_

**4 Administrator of the plan**

\_\_\_\_\_

**The administrator of the plan is:**

a pension committee (complete **Appendix 1**).

a person, a body or a group authorized by law to administer the plan.

an employer.

**5 Information on the identity of the person who represents the plan administrator**

\_\_\_\_\_

<input type="checkbox"/> Mr.	Family name	Given name
<input type="checkbox"/> Ms.		
Name of the contact's employer, if applicable.		
Number	Street	
Municipality	Province or territory	
Country	Postal code	
Telephone	Area code	
Fax	Area code	
E-mail		

**6 Name of the employer that is a party to the plan**

If more than one employer participates in the plan, leave this space blank and complete **Appendix 2**.

	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan
--	--

If only one employer participates in the plan, use the space below to give or correct the name of the employer that is a party to the plan.

**7 Statement of financial position and report on investments**

For an uninsured plan, complete **Appendix 3A** and **Appendix 4**.  
 For an insured plan, complete **Appendix 3B**.

**8 Annual meeting**

Date of the plan's last annual meeting:

Year	Month	Day

Were all the topics prescribed by the *Supplemental Pension Plans Act* dealt with at that meeting?  Yes  No <sup>2</sup>

**9 Changes in plan membership**

**Active members**

- Number of active members at the end of the preceding fiscal year		3	
- Number of members who joined the plan or who became active again during the fiscal year		4	
Total of lines 3 and 4			
- Number of cessations of active membership during the fiscal year that resulted from:			
- a member's retirement or disability		6	
- a member's death or any other cause		7	
Total of lines 6 and 7			
- Number of active members at the end of the fiscal year	Balance (line 5 less line 8)		

**Active members, non-active members and beneficiaries**

- Number of active and non-active members and beneficiaries at the end of the fiscal year		11
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Enter this amount on line 13 in section 10.

**10 Distribution of the number of active members, non-active members and beneficiaries**

Employment under provincial jurisdiction by place of work	Active members		Total
	Men	Women	
Québec			
Alberta			
British Columbia			
Manitoba			
New Brunswick			
Nova Scotia			
Ontario			
Saskatchewan			
Newfoundland and Labrador			
Northwest Territories			
Nunavut Territory			
Yukon Territory			
Number of non-active members and beneficiaries who fall under the 12 jurisdictions listed above			12.1
Subtotal: <b>Transfer this number to the first box of line 15 in section 11</b>			= 12
Prince Edward Island			+
Employment under federal jurisdiction			+
Outside Canada			+
Number of non-active members and beneficiaries who fall under the 3 jurisdictions listed above			+ 13.1
Total number of active members, non-active members and beneficiaries (The total must correspond to the number of active members, non-active members and beneficiaries entered on line 11 in section 9.)			= 13

**11 Calculation of fees**

Enter 500 \$ in the case of a plan to which chapter X of the Act applies (a plan subject to a periodic actuarial valuation). Otherwise, enter 250 \$.  \$ 14

Number of active members, non-active members and beneficiaries (line 12)  x yearly rate  8,40 \$ =  \$ 15

Total of lines 14 and 15  \$ 16

**Required fees:**

If the calculated fees on line 16 are greater than 100 000 \$, enter 100 000 \$ on line 17. Otherwise, enter on line 17 the fees calculated on line 16.  \$ 17

Enclose a cheque made out to the **Régie des rentes du Québec** for the amount entered on line 17.

## 12 Certificate of the signatories

If the plan is administered by a pension committee, or a body or group authorized by law, this return must be signed by two of its members. If the plan is administered by the employer (see section 4), one signature is sufficient.

This certificate concerns all the information provided in the return with the exception of the sections completed by the auditor (section 5 of Appendix 3A) or the insurer (section 2 of Appendix 3B).

I certify that:

- I am authorized to sign this return.
- I have reviewed the information given on this form.
- To the best of my knowledge,
  - the information is true, exact and complete and faithfully represents in all essential points the plan's financial position;
  - the plan was administered in accordance with the *Supplemental Pension Plans Act* and investments were made in accordance with all relevant laws and the plan's investment policy, except for any irregularities mentioned in this return.
- The other members of the pension committee, or the body or group authorized by law to administer the plan, have received a copy of this return.

Signatory's full name (please print)

Signatory's full name (please print)

Capacity (please print)

Capacity (please print)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

***Ce document est également disponible en français***

**APPENDIX 1 INFORMATION ON THE IDENTITY OF THE MEMBERS OF THE PENSION COMMITTEE**

Please give the family names, given names, and addresses of the members of the pension committee. Also give a designation code for each member, as follows:

- |   |  |
|---|--|
| <p>1. <b>Person designated by the active members or by the non-active members and beneficiaries during the annual meeting</b></p> <p>2. <b>Member or beneficiary designated according to the conditions set out in the plan and not during the annual meeting</b></p> | <p>3. <b>Third party</b></p> <p>4. <b>Other</b></p> <p>5. <b>Non-voting member</b></p> |
|---|--|

Refer as needed to the *Guide to the Annual Information Return*. The information must be provided as at **the date on which you complete the form**. If more space is needed, use additional sheets and attach them to your return.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	
Province or territory		Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	
Province or territory		Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	
Province or territory		Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	
Province or territory		Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	
Province or territory		Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Plan number

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

Mr. <input type="checkbox"/>	Family name	Given name	Designation code
Ms. <input type="checkbox"/>			<input type="checkbox"/>
Number	Street	Municipality	

Province or territory	Country	Postal code

If the address given above is that of the employer of the pension committee member, give the employer's name.

**APPENDIX 2 NAMES OF THE EMPLOYERS THAT ARE PARTIES TO THE PLAN**

If **Appendix 2** is already filled out, check the appropriate boxes and, if necessary, give any missing information or make corrections in the space provided.

If **Appendix 2** is not already filled out, please give the names of all employers that are parties to the plan in the space provided.

The information must be provided as of **the ending date of the fiscal year**. If more space is needed, use additional sheets and attach them to this form.

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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-----------------	---

Change in the employer's name

Employer's name	<input type="checkbox"/> Still a party to the plan <input type="checkbox"/> Modification, see below <input type="checkbox"/> No longer a party to the plan <input type="checkbox"/> New employer
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Change in the employer's name

**APPENDIX 3A STATEMENT OF FINANCIAL POSITION OF AN UNINSURED PLAN**

The information required in this appendix for the fiscal year must be determined according to generally accepted accounting principles, including the accrual basis of accounting. Moreover, investments must be listed at their market value as at the fiscal year end. Furthermore, investments in a master trust fund must be allocated according to the method of proportionate consolidation.

Sections 1 to 4 of this appendix must be completed by the plan administrator.

Amounts should be rounded to the nearest dollar.

**1 Statement of changes in the plan's net assets**

**1.1 Increase in assets**

Investment income (interest, dividends, rents, etc.)			\$ 301
Net gains (or losses) on investments:			
- Realized	\$	302	
- Unrealized	\$	303	
		<b>Total of lines 302 and 303</b>	\$ 304
Contributions:			
- Required member contributions	\$	305	
- Additional voluntary contributions	\$	306	
- Required employer's current service contributions	\$	307	
- Amortization amounts related to unfunded actuarial liabilities	\$	308	
- Member or employer contributions for pension buybacks	\$	308.1	
		<b>Total of lines 305 to 308.1</b>	\$ 309
Transfers to the pension fund	\$	310	
Other sources of increase (specify)	\$	311	
	\$	312	
	\$	313	
		<b>Total of lines 310 to 313</b>	\$ 314
<b>Total increase in assets</b>		<b>Total of lines 301, 304, 309 and 314</b>	<b>\$ 315</b>

**1.2 Decrease in assets**

Expenses related to managing investments			\$ 316
Administration costs:			
- Professional fees	\$	317	
- Other	\$	318	
		<b>Total of lines 317 and 318</b>	\$ 319
Retirement, disability or survivors' pensions paid under the plan			\$ 320
Transfers and refunds:			
- Transfers to a supplemental pension plan	\$	322	
- Other transfers and refunds:			
- Locked-in amounts (LIRAs, LIFs, annuity purchases, etc.)	\$	323	
- Non locked-in amounts (RRSPs, cash disbursements, death benefits, etc.)	\$	324	
		<b>Total of lines 322 to 324</b>	\$ 325
Other sources of decrease (specify)	\$	326	
	\$	327	
	\$	328	
		<b>Total of lines 326 to 328</b>	\$ 329
<b>Total decrease in assets</b>		<b>Total of lines 316, 319, 320, 325 and 329</b>	<b>\$ 330</b>
<b>Change in net assets</b>		<b>Balance (line 315 less line 330)</b>	<b>\$ 331</b>
<b>Net assets at beginning of fiscal year</b>	(Indicate net assets at end of preceding fiscal year.)		\$ 332
<b>Net assets at end of fiscal year</b>		<b>Total of lines 331 and 332</b>	<b>\$ 333</b>

The net assets shown on line 333 must be the same as those entered on line 378.



Plan number

**3.1.3 Accounts receivable**

Contributions receivable:

- Member and additional voluntary
- Employer's current service contribution
- Amortization amounts related to unfunded liabilities

Investment income receivable

Transfers receivable from other supplemental pension plans

Other amounts receivable (specify)

	\$ 360
	\$ 361
	\$ 362
	\$ 363
	\$ 363.1
	\$ 364
	\$ 365

Total of lines 360 to 365  \$ 366

**3.1.4 Other assets**

Other (specify)

	\$ 367
	\$ 368

Total of lines 367 to 368  \$ 369

**Total assets**

Total of lines 336, 359, 366 and 369  \$ 370

**3.2 Liabilities**

**3.2.1 Accounts payable**

Hypothecary (mortgage) borrowings

Other borrowings

Refunds, transfers and pension benefits payable

Expenses payable

Other amounts payable (specify)

Contributions collected in advance

Other sums collected in advance (specify)

	\$ 371
	\$ 372
	\$ 373
	\$ 374
	\$ 375
	\$ 376
	\$ 376.1
	\$ 376.2

**Total liabilities**

Total of lines 371 to 376.2  \$ 377

**Net assets**

Balance (line 370 less line 377)  \$ 378

The net assets shown on line 378 must be the same as those entered on line 333.

**4 Plans subject to a financial statement audit**

- The plan has less than 50 members and beneficiaries (see line 11). Yes  No  379

- The market value of the plan's net assets is less than 1 000 000 \$ (see line 333). Yes  No  380

- This return covers the plan's first fiscal year. or

If this is not the plan's first fiscal year, the administrator informed the members and beneficiaries of its intention not to have the financial report for the fiscal year covered by the annual information return audited and less than one third of the members and beneficiaries present or represented at the annual meeting (see line 1) asked that the report be audited by an auditor. Yes  No  381

If you answered YES to lines 379 to 381, the administrator **must complete section 5**. You are not required to have the plan's financial statement audited.  381.1

If you answered NO to at least one of lines 379 to 381, **have section 5 below completed** by an auditor and enclose with this return the auditor's report that accompanies the plan's audited financial report and the derived report made by the auditor with respect to section 5.

**Section 5 must be completed for all plans.**

**5 Questionnaire concerning plan administration****Section 5 must be completed for all plans.**

This section was completed by: the administrator  the auditor   
 (Go to line 381.1)

All questions must be answered. If a question is irrelevant or does not apply, the auditor must answer NO and provide an explanation on line 389.

Is there is a written investment policy that takes into account the type of pension plan, its characteristics and financial obligations, and that includes the following elements: expected rate of return, liquidity requirements, allocation of assets, investment portfolio diversification measures, time schedule for evaluating the portfolio and rules for monitoring its management? Yes  No  382

Does the administrator have tangible proof allowing him to show that he has periodically monitored the application of the investment policy with the individuals or enterprises in charge of managing the investments? Yes  No  383

Does the administrator have tangible proof allowing him to show that all contributions have been paid into the pension fund? Yes  No  384

Does the administrator have tangible proof allowing him to show that the contributions have been credited to the appropriate accounts? Yes  No  385

Does the administrator have a register in which are entered the amounts paid to each member or beneficiary by way of refunds, benefits or transfers? Yes  No  386

Are the cash on hand and the investments listed in subsections 3.1.1 and 3.1.2 of this appendix registered in the name of the pension fund or for its account? Yes  No  387

Is the information contained in sections 1 and 3 of this appendix consistent with that contained in the audited financial report from which it was taken? (If relevant, this question must be answered by the auditor.) Yes  No  388

If you answered NO to any of the above questions, please explain below.

If more space is needed, use additional sheets and attach them to this appendix.

389

**APPENDIX 4 REPORT ON INVESTMENTS**

This appendix must be completed by the plan administrator.  
Amounts should be rounded to the nearest dollar.

**1. Information on investments**

Give the most recent date on which the investment policy was adopted, revised or renewed. 401

Year	Month	Day
------	-------	-----

Have plan assets been used to make derivative instrument transactions during the fiscal year? 402

Yes  No

Have plan assets been used during the fiscal year to make any unsecured loans or any loans secured by a hypothec (mortgage) that is not a first hypothec (mortgage)? If so, what is the market value of such loans at the end of the fiscal year? 403

Yes  No  \$

Have plan assets been used to make securities loans during the fiscal year? If so, what is the market value of such loans at the end of the fiscal year? 404

Yes  No  \$

Have plan assets been used during the fiscal year to make private investments (to individuals or to corporations that are not listed on a stock exchange) other than in the form of loans or bonds secured by a first hypothec (mortgage)? If so, what is the market value of such investments at the end of the fiscal year? 405

Yes  No  \$

Have plan assets been invested in private real estate company securities during the fiscal year? If so, what is the market value of such securities at the end of the fiscal year? 406

Yes  No  \$

Are part of the plan assets invested in a master trust fund? If so, at the end of the fiscal year, what amount of the assets is invested in the master trust fund? 407

Yes  No  \$

Have plan assets been used during the fiscal year to secure any obligations other than obligations of the plan? If so, what is the market value of such obligations at the end of the fiscal year? 408

Yes  No  \$

Have plan assets been pledged during the fiscal year as security except for an immovable hypothec (real estate mortgage)? If so, what is the market value of such hypothecs at the end of the fiscal year? 409

Yes  No  \$

If there have been any borrowings other than hypothecary borrowings during the fiscal year, were they used for purposes other than for the payment of refunds, pension benefits and plan administration costs? If so, what is the market value of such borrowings at the end of the fiscal year? 410

Yes  No  \$  
N.A.

At the end of the fiscal year, who was the custodian of the pension fund's assets? (You can check more than one box.) 411

Insurer       Bank       Trust company

Others (specify)

**At the end of the fiscal year**, had the employer provided the administrator with letters of credit? If so, give the value of those letters and list below the names of their issuers. 412

Yes  No  \$

**For the fiscal year covered by this return**, did the employer provide the administrator with letters of credit for the purpose of releasing the employer from making the required contributions? If so, give the value of those letters. 412.1

Yes  No  \$

## 2. Descriptions of investments

Identify each investment whose market value represents as at the end of the fiscal year more than 5% of the plan's assets, either in one asset or with the same issuer.

Description of the investment	Name of the issuer	Market value
		\$ 413
		\$ 414
		\$ 415
		\$ 416
		\$ 417
		\$ 418
		\$ 419
		\$ 420
		\$ 421
		\$ 422
		\$ 423

At the end of the fiscal year, who was responsible for choosing investments (including the choice of mutual funds) and to what extent?

Plan administrator

Plan members

Others (Name the five principal investment managers.)

Proportion of  
the investments

% 424

% 425


% 426

% 427

% 428

% 429

% 430

The total on line 431 cannot be greater than 100%. **Total**

% 431

**APPENDIX 5 ADDITIONAL INFORMATION**

**2009**

**Phased retirement**

How many plan members received a phased retirement benefit during the fiscal year covered by this return?  501

Of that number, how many chose to return to work although they were already receiving a retirement pension under the plan?  501.1

**If the administrator is a pension committee, answer the following question.**

How many times did the pension committee meet during the fiscal year covered by this return?  502

**Questions 503 to 507.1 deal with the plan's current situation. When you answer them, you should take into consideration the information available on the date you fill out this appendix (and not the date on which the fiscal year covered by this return ended).**

**Statements of cessation of active membership**

Was a statement of cessation of active membership sent to each of the members listed on line 8 of this return? 503

- Yes
- No
- No members are listed on line 8

If you answered no, explain. 503.1

**Contributions receivable**

What is the current total for the employer's receivables (current service contributions and amortization payments)?  \$ 504

What is the current total for member contributions and additional voluntary contributions receivable?  \$ 505

**Insolvent Companies**

Is the employer (or any employer) party to the plan bankrupt, or been placed under the protection of the *Company's Creditors Arrangement Act* or the *Bankruptcy and Insolvency Act*? 506

- Yes
- No

If yes, which ones? 506.1

**APPENDIX 5 ADDITIONAL INFORMATION (cont.)****2009****Expected reduction in the number of active members**

Have any events occurred or announcements been made that would lead one to expect that in the coming months, the number of active participants will be reduced by 10% or more (e.g. production cutbacks, retirement incentive programs, plant closing or bankruptcy of an employer)?

507

 Yes No

If yes, specify what the event or announcement was:

507.1

**APPENDIX 3B STATEMENT OF FINANCIAL POSITION OF AN INSURED PLAN**

Amounts should be rounded to the nearest dollar.

**1 Premiums**

This section must be completed by the plan administrator.

Premium set by the insurer for the fiscal year:

- Member contributions required
- Employer contributions required

\$ 390

\$ 391

Total of lines 390 and 391  \$ 392

Premium paid to the insurer for the fiscal year:

- Member contributions paid
- Additional voluntary contributions paid
- Employer contributions paid

\$ 393

\$ 394

\$ 395

Total of lines 393 to 395  \$ 396

Were any dividends, refunds or other advantages granted by the insurer and used to reduce the premium? If so, indicate the total amount granted.

Yes  No   \$ 397

Premium payable to the insurer at the end of the fiscal year:

- Member contributions receivable
- Additional voluntary contributions receivable
- Employer contributions receivable

\$ 398.1

\$ 398.2

\$ 398.3

Total of lines 398.1 to 398.3  \$ 399

**2 Certificate of the insurer**

This section must be completed and signed by a person authorized by the insurer.

I certify that:

- The plan is an insured plan within the meaning of the *Supplemental Pension Plans Act*.
- The information given in this appendix is true, exact and complete.

Authorized person's full name (please print)

Authorized person's capacity (please print)

Insurer's company name and address (please print)

Name			
Number	Street	Municipality	
Province or territory	Country	Postal code	

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