UNCLASSIFIED

Approval Request Form Asset Transfers related to Defined Contribution Provisions of Pension Plans

This form and supporting documents must be filed only if the transfer includes individuals whose benefits are subject to provincial pension legislation with the exception of individuals whose benefits fall under the jurisdiction of Saskatchewan, or Prince Edward Island.

All transferring members, former members, and other persons entitled to benefits under the plan whose benefits are subject to provincial pension legislation ("transferring individuals") must be reported on this form.

Please refer to the instruction guide for <u>Asset Transfers related to Defined Contributions</u> <u>Provisions of Pension Plans</u> when completing this form.

	Transferring Plan		Receiving Plan					
Name:			Name:					
OS	FI Registration Number:		Jurisdiction(s) of Registration (OSFI and/or Provincial):					
OS	SFI and/or Provincial Registrat	tion Num	ber(s):					
Canada Revenue Agency (CRA) Registration Number:			CRA Registration Number:					
1)	Reason for the asset transfe	r¹:						
2)	Effective date of transfer ² :	Day	Month	Year				
3)	Total transfer amount as at the effective date of transfer:							
4)	Full transfer 🗌 Partial tra	nsfer 🗌						
5)	Total number of transferring individuals:							
Numbers of transferring individuals by category and province that are included employment:								
	Members ³							
	BC: AB:	MB:	ON:	_				
	QC: NB:	NS:	NL:	_				
	Former members entitled to a deferred pension benefit							
	BC: AB:	MB:	ON:	_				
	QC: NB:	NS:	NL:	_				

³ Regardless of applicable provincial definitions, please report members based on the definition under the *Pension Benefits Standards Act*, 1985 (PBSA). The PBSA defines a member, in relation to a pension plan, as "a person who has become a member of the pension plan and has neither ceased membership in the plan nor retired." This definition notably excludes retirees receiving a pension and individuals entitled to a deferred pension under the plan.



October 2023 Page 1 of 2

Specify affected employee group or participating employer, if applicable.

² The date as specified in the plan documentation such as an amendment or Board Resolution.

	Retirees ⁴ and any other persons entitled to benefits under the plan								
	BC:	AB:	MB:	ON:					
	QC:	NB:	NS:	NL:					
7)	Please confirm that all contributions and investment income due up to the effective date of transfer have been remitted to the accounts of transferring individuals:								
	Yes								
8)	Please confirm that the transfer complies with applicable provincial pension legislation and regulations:								
	Yes								
9)	Please confirm that all additional information or documents required to be filed under applicable provincial pension legislation and regulations are attached:								
	Yes								
Comments									
This form has been prepared by ⁵ :									
Please	print			Signature					
Title o	or Position and	Company							
Date									
Teleph	none		E-mail						

A former member in receipt of a variable benefit from the plan.
 The form should be prepared by the plan administrator or by an actuary, accountant or other professional advisor.



October 2023 Page 2 of 2