



## OSFI 594: Defined Benefit/Combination Pension Plan Amendment Information Form

Official Name of Pension Plan:

\_\_\_\_\_

OSFI Registration number: \_\_\_\_\_

Canada Revenue Agency Registration number: \_\_\_\_\_

### *Of Note:*

An amendment made to the Plan Text or to any document that creates or supports the Plan or Pension Fund must be filed with the Office of the Superintendent of Financial Institutions. The amendment and declaration must be filed through the [Regulatory Reporting System](#) (RRS) within 60 days after it is made.

Amendments requiring the Superintendent’s authorization (e.g. a void amendment under subsection 10.1(2) of the Pension Benefits Standards Act, 1985 (PBSA), an asset transfer under section 10.2 of the PBSA, or an amendment to a multijurisdictional plan requiring authorization under provincial pension legislation) cannot be submitted via RRS. Documents in support of an application for the Superintendent’s authorization should be submitted electronically to [pensions@osfi-bsif.gc.ca](mailto:pensions@osfi-bsif.gc.ca).

One amendment form is required for each amendment made; however, if a board resolution addresses multiple amendments which have the same effective date, then a single amendment (encompassing all of the amendments) can be filed.

### ***PART I***

1. The effective date of the amendment<sup>1</sup>: \_\_\_\_\_

2. The amendment number (if applicable): \_\_\_\_\_

3. The amendment applies to:  
all members (active and inactive)  
new entrants only  
all members, former members and retirees  
retirees only  
other (*please explain*):

4. The amendment concerns: (*check all that apply*)  
Benefits or contributions  
Plan Termination  
Transfer of assets  
Revenue Canada requirements  
Distribution of Surplus  
Reduction of accrued benefits  
Change of Plan name and/or Plan Sponsor  
Change in Plan year end date (*provide new date* \_\_\_\_\_)  
Other (*provide details*):

<sup>1</sup> One amendment per form.



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5. Is the amendment attached?    Yes    No (*if no, please explain*)

**Impact of the amendment on the plan:**

6. Indicate the period of service affected by the amendment:

    service from date of amendment

    service prior to amendment

    all service.

    other (*please explain*):

7. Does the amendment have the effect of reducing accrued pension benefits or pension benefit credits?    Yes    No

    If “Yes”, has approval by the Superintendent been obtained?    Yes    No

    (*Specify the date the application for approvals was submitted to OSFI*

    \_\_\_\_\_ )

8. Does the amendment have the effect of reducing the solvency ratio below the prescribed threshold?<sup>2</sup>    Yes    No

9. If the solvency ratio of the plan is below the prescribed threshold, does the amendment further reduce the solvency ratio?    Yes    No

10. If the solvency ratio is below the prescribed threshold, does the amendment increase pension benefits or pension benefit credits?    Yes    No

11. Does the amendment result in a cost to the plan?    Yes    No

    a. If yes, the cost is funded in:

        a previous valuation report

        a new valuation report

    Effective date of relevant valuation report: \_\_\_\_\_

    If other, Please explain:

12. Does the amendment concern the change of the Pension Fund Custodian?

    Yes    No

    If “Yes”, please confirm:

    Company \_\_\_\_\_

    Address \_\_\_\_\_

    City and Province \_\_\_\_\_

    Postal Code \_\_\_\_\_

    Policy/Account # \_\_\_\_\_

    Contact \_\_\_\_\_

    Telephone \_\_\_\_\_

<sup>2</sup> The prescribed thresholds in questions 8, 9, 10 are specified in section 9.3 of the Pension Benefits Standards Regulations, 1985.

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13. How is the pension fund deposited? (*check all that apply*)

Insurance company contract - Fully insured or guaranteed

Insurance company contract - Not fully insured or guaranteed

Pension Fund Society

Single Trust Company - pooled funds

Single Trust Company – outside pooled funds

Trust Agreement (*please provide names and addresses of Trustees*)

Other – provide details:

14. Have members and their spouses or common-law partners received a written explanation of the provisions of the amendment?<sup>3</sup>      Yes      No

If “No”, please explain

<sup>3</sup> As required by PBSA ss. 28(1)(a)(i).

**PART II**

**DECLARATION OF COMPLIANCE  
FOR PENSION PLAN AMENDMENTS**

I, \_\_\_\_\_, DECLARE THAT, to the best of my knowledge, the following is true and correct:

I am a duly authorized signing officer of the employer or a member of a board of trustees or similar body or pension committee that is the administrator of the (insert legal name of pension plan)

\_\_\_\_\_ hereinafter referred to as “the Plan”; and

The Plan as amended, including all documents that create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto;

or

with the exception of those matters identified in an attachment to this declaration, the Plan as amended, including all documents that create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto.<sup>4</sup>

If the Plan includes members who are not employed in included employment and their benefits are subject to provincial pension legislation, the benefits of those members under the terms of the Plan, including all documents that create or support the Plan or the pension fund, comply with the provisions of the pension legislation of those other jurisdictions.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the City of \_\_\_\_\_ in the Province of \_\_\_\_\_.

\_\_\_\_\_  
Authorized officer of Plan Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

<sup>4</sup> If circumstances are such that the plan administrator cannot confirm compliance under the first paragraph of article 2 of this declaration, the administrator must attach information to identify the specific area of non compliance of the Plan and detail the course of action (including expected time frames) undertaken by the plan administrator to bring the pension plan into compliance. It is expected that the plan administrator would have previously contacted OSFI concerning any area of non-compliance.