



INSTRUCTIONS

- 1. All applicable information must be provided
2. This information must be typewritten or printed
3. Upon completion, please forward this form and all attachments to:
BC Financial Services Authority
600-750 West Pender Street
Vancouver, B.C. V6C 2T8
Email: Pensions@bcfsa.ca

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of the Freedom of Information and Protection of Privacy Act, section 56(3) of the Pensions Benefits Standards Act, and section 55(6) of the Pensions Benefits Standards Regulation. The information is collected for the purpose of administering the Pensions Benefits Standards Act. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

PART A - ADMINISTRATION

Section 56 of the Pension Benefits Standards Act (the Act) outlines the legislative requirements for the remittance of member and participating employer contributions to the fundholder. Section 56(5) of the Act requires that the administrator of a plan, other than a collectively bargained multi-employer pension plan, must provide to the fundholder a summary of contributions required to be made to the plan by completing Form PEN-004-V01-19 - Schedule of Expected Contributions.

Where contributions are not remitted, or where the remitted contribution amounts are less than the expected amounts, sections 56(3) of the Act and sections 55 (6) and 65 of the Pension Benefits Standards Regulation require that the fundholder provide to the Superintendent a notice containing information necessary to allow the Superintendent to exercise his or her powers or perform his or her duties under the Act.

Under the Act and Regulation, contributions are due 30 days after the month to which they relate. Where no contributions are remitted this notice must be sent to the Superintendent within 45 days after the end of the month to which they relate. In the case of contributions that are less than expected; that is, less than 90% of the amount described in Form PEN-004-V01-19 - Schedule of Expected Contributions, this notice must be sent to the Superintendent within 45 days after the end of the quarter to which the contributions relate.

PART B - GENERAL INFORMATION

Legal Name of Plan

BC Registration Number:

CRA Registration Number:

Benefit Type section with checkboxes for Defined Contribution (DC), Defined Benefit (DB), Target Benefit (TB), Both DC and DB, and Other (Describe).

Period Covered by this Notice

Contribution Type section with checkboxes for Member Contributions, Employer Contributions (current service), and Employer special payments.

Reason for Reporting section with checkboxes for No contributions were remitted by the end of the period required by legislation and Contributions remitted were less than 90% of the amount expected to be remitted.

PART B – GENERAL INFORMATION CONTINUED

*Do not include additional voluntary contributions (AVCs) or optional ancillary contributions (OACs) in this field.

Period	Estimated Employee Contributions*	Estimated Employer Contributions		Estimated Total Contributions
		Current Service Cost	Special Payments	
Contributions Expected to be remitted				
Contributions remitted				
Variance (%)				

Provide an explanation of the variance:

Provide details of any additional remittances or contributions made between the date that contributions were required to have been remitted in accordance with the legislation, and the date this notice was prepared:

Identify any previous reporting periods for which unremitted contributions are still outstanding, or unexpected contributions have not been corrected. Provide details of any changes since the previous notice that was sent in respect of previous reporting periods.

PART C – CERTIFICATION

Contact Name & Title

Account Number

Company Name

Address

City

Province/State

Postal/Zip Code

Phone Number

Email Address

Certification – I hereby certify that to the best of my knowledge, the information provided on this form is correct and complete.

Dated this _____ day of _____, _____
(DAY) (MONTH) (YEAR)

Name and Title of Authorized Representative of the Fundholder (printed)

Signature of Authorized Representative of the Fundholder