



FINANCIAL SERVICES  
COMMISSION

*Occupational Pension Benefits Act  
Cap. 350B*

**FORM 3**

*(Regulation 5)*

**APPLICATION FOR REGISTRATION OF AMENDMENT TO  
AN OCCUPATIONAL PENSION PLAN**

*(All applicable questions must be completed – please type or use capital letters)*

1. Name of pension plan: \_\_\_\_\_

---

---

---

---

---

2. Pension Plan registration number: \_\_\_\_\_

3. Name of employer: \_\_\_\_\_

---

---

---

---

---

Information Respecting Amendment

4. Amendment number(s) (if multiple amendments are submitted): \_\_\_\_\_

---

---

---

---

5. Indicate whether the application involves an amendment concerning:

- transfer of assets
- merger of pension plans
- refund of contributions
- distribution of surplus
- pension plan conversion
- reduction of accrued benefits or refund of contributions
- early retirement or reduced programme or membership
- full winding-up of the pension plan
- partial winding-up of the pension plan
- other (*provide details*): \_\_\_\_\_

---

---

---

---

6. Indicate the type of pension plan (*in cases where this amendment changes the type of pension plan, indicate the new pension plan type*);

multi-employer

\_\_\_\_\_ defined benefit

\_\_\_\_\_ defined contribution

defined contribution

defined benefit

combination of defined benefit and defined contribution

other (*provide details*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Multi-employer or negotiated cost pension plans.

Is the pension plan a multi-employer pension plan established pursuant to a collective agreement or trust agreement; or, a pension plan that provides defined benefits where the obligation of an employer to contribute to the pension plan is limited to a fixed amount or rate set out in a collective agreement?

Yes     No

**AMENDMENTS CONCERNING BENEFITS OR CONTRIBUTIONS**

8. (a) Indicate whether the amendment concerns any of the following (*please complete each item*)
- (b) complete other items indicated, where appropriate;
- (c) *If the answer to each of the items listed above is “No”, complete the certification.*

Yes No

- eligibility for membership .....  
If “Yes”, complete 11
- normal retirement age .....  
If “Yes”, complete 12
- integration with the National Insurance Scheme .....  
If “Yes”, complete 13
- employee contributions rate .....  
If “Yes”, complete 14
- employer contributions .....  
If “Yes”, complete 15
- benefit calculation or formula: for pensions  
providing defined benefits .....  
If “Yes”, complete 16, 18
- benefit calculation or formula:  
career average earning .....  
If “Yes”, complete 17
- the provision of automatic (contractual)  
increases to pensions in pay or deferred  
pensions .....  
If “Yes”, complete 19
- ad hoc* increases to pensions in pay or deferred  
pensions .....  
If “Yes”, complete 9
- funding mechanism .....  
If “Yes”, complete 10

9. (a) Does this application involve an amendment to provide *ad hoc* increases to pensions currently being paid or deferred pensions?  
(if “Yes”, answer (b) and (c) below)

Yes     No

(b) How are these increases to be made?

- ad hoc* increases pursuant to a collective agreement and pension plan amendment
- ad hoc* increases mad voluntarily by the employer or in accordance with a pension plan amendment
- other (*provide details*) \_\_\_\_\_

---

---

---

---

(c) What was the effective date of the increase? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*year*      *month*      *day*

10. Funding mechanism or arrangement

(a) Are the benefits provided for in the pension plan totally insured and/or guaranteed by an insurance company?

- totally insured                                 Yes     No
- totally guaranteed                          Yes     No
- insured and guaranteed                     Yes     No

(b) If the answer to 9(a) is “No”, please indicate the funding mechanism or arrangement.

- insurance company contract not fully insured or guaranteed
  - trust agreement with
    - individual trustees
    - financial institutions
    - government, or agency, board or commission established by statue for administration or a pension fund
    - other (*provide details*) \_\_\_\_\_
- 
-

**INFORMATION CONCERNING BENEFITS OR CONTRIBUTIONS**

11. Eligibility for membership

Specify the class or classes of employees who are eligible to join the pension plan. Except in the case where the category all employees is selected, multiple selections should be made to reflect the categories of eligible employees.

- all employees
- salaried employees
- hourly employees
- union members
- executives
- other (*provide details*)

12. Normal retirement age

Indicate normal retirement age according to the pension plan: \_\_\_\_\_

13. Integration with National Insurance Scheme

Indicate if the rate of contribution or rate of benefit or both rates are integrated with contributions or benefits of the National Insurance Scheme.

- rate of contributions rate integrated with National Insurance Scheme
- benefit formula integrated with National Insurance Scheme
- both rates are integrated with National Insurance Scheme
- neither rate is integrated with National Insurance Scheme

14. Employee contributions

Indicate employees' contribution rate in respect of current service costs relating to the pension plan.

- no employees' contribution required
- contribution rate of \_\_\_\_\_ per cent of earnings if not integrated with National Insurance Scheme.
- other contribution (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 15. Employer Contributions

Identify employer contribution rate or amount for current service costs relating to pension plan

- employer pays balance of cost not paid by employees
- \_\_\_\_\_ per cent of earnings if not integrated with National Insurance Scheme
- \$ \_\_\_\_\_ per year
- other (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PENSION PLANS WHICH HAVE DEFINED BENEFIT PROVISIONS**

*Complete all items (16 – 20) in this section*

### 16. Benefit calculation

Indicate which of the following form the basis for the calculation of pension benefits.  
(*Tick the most appropriate*):

- final average earnings over the last \_\_\_\_\_ years
- best average earnings for the best \_\_\_\_\_ years (*of the last \_\_\_\_\_ years, if applicable.*)
- career average earnings
- flat benefit

17. (a) Where the benefit calculation is based on career average earnings, indicate whether career earnings or benefits are updated;

Yes  No

(b) If the benefit calculation is updated, indicate whether

(i) the method of updating used is in accordance with a price or wage index

Yes  No

(ii) all earnings included or only those after a specified date?

Yes (*all earnings included*)

No (*only earnings after* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)  
*year month day*

18. Benefit formula – for normal retirement benefit only (do not include optional or alternative benefits requiring specific conditions)

Indicate amount or rate of benefit formula per year of service:

\_\_\_\_\_ per cent of earnings if not integrated with National Insurance Scheme

\$ \_\_\_\_\_ per month for each year of service

\$ \_\_\_\_\_ per month for each \_\_\_\_\_ hour(s) worked

other (*provide details*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does this application involve an amendment to provide for automatic (contractual) increases to pensions in pay or deferred pensions (e.g. indexation to Retail Price Index)

Yes  No



**WINDING-UP OF PENSION PLAN IN FULL**

20. (a) Is this application made in respect of the full winding-up of the pension plan?

Yes

No

If "Yes", what is the effective date of pension plan winding-up?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year month day

(b) Indicate the major reason for the winding-up of the pension plan?

merged with or replaced by another pension plan \_\_\_\_\_  
Pension plan registration number

company dissolved or plant closed

no members remaining

financial consideration

other (*provide details*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. The effective date of the amendment is : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year month day

\_\_\_\_\_  
*Signature of administrator*

\_\_\_\_\_  
*Name of administrator (in capital letters)*

\_\_\_\_\_  
*year / month / day*