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## Manitoba Finance

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### Annual Information Return

#### Section 1 - Plan Administrator

Canada Revenue Agency Registration Number

End of Plan Fiscal Year Under Review

No. of months covered:

Name of the Plan (found in plan text)

Administrator of the Plan

Name of the person who represents the Administrator of the Plan

Mailing Address

City

Province

Postal Code

Country

Telephone Number

Ext.

Fax Number

Email address (required)

Has the above mailing address changed within the last 12 months?

The Pension Benefits Act (Act) and the Pension Benefits Regulation (Regulation) requires that the administrator of a pension plan file an Annual Information Return not later than 180 days after the fiscal year or termination date of the pension plan. All sections of the Annual Information Return must be completed including the Canada Revenue Agency (CRA) Schedule and Appendices. The Office of the Superintendent – Pension Commission (OSPC) collects the annual information required by CRA in the CRA Schedule which forms part of this Annual Information Return.

**OSPC Late Filing Penalties**

First contravention, 10% of the fee for the most recent Annual Information Return filed with the commission, for each 30 days the filing is late, up to a maximum of 100% of that fee.

Second and subsequent contravention, 15% of the fee for the most recent Annual Information Return filed with the commission, for each 30 days the filing is late, up to a maximum of 100%.

**CRA Late Filing Penalties**

If the Annual Information Return is filed late or is not filed at all CRA can impose financial penalties under subsection 162(7) of the Income Tax Act of \$25.00 per day up to a maximum of \$2,500.00 and under subsection 147.1(11) and (12) and can revoke a plan's registration.

**Section 2 - Plan Sponsor**

Employer's Name (If more than one participating employer in the plan complete Appendix 2)

 Is there more than one participating employer?

Mailing Address

City

Province

Postal Code

Country

Telephone Number

Ext.

Fax Number

Corporate E-mail (required)

Has the above mailing address changed within the last 12 months?

**Fund Holder/Custodian Information**

Name

CIBC Mellon Trust Co. (Neelin Parmar)

Address

320 Bay Street P.O. Box 1

City

Toronto

Province

Ontario

Postal Code

M5H 4A6

Country

Canada

Telephone Number

403-232-2447

Fax Number

Corporate E-mail (required)

Neelin.Parmar@cibcmellon.com

**Consultant Information**

Name

Eckler (Andrew Kulyk)

Address

One Lombard Place - Suite - 2475

City

Winnipeg

Province

Manitoba

Postal Code

R3B 0X3

Country

Canada

Telephone Number

204-988-1572

Ext.

Fax Number

Corporate E-mail (required)

akulyk@eckler.ca

### Actuary (if different from consultant) Information

Name

Address

City

Province

Postal Code

Country

Telephone Number

 Ext. 

Fax Number

Corporate E-mail (required)

### Section 3 - Administrative Documentation

Were any amendments made to this pension plan, supporting documents, or fund during the fiscal year under review?

Does the pension plan have a written statement of investment policies and procedures which complies with section 3.23 of the Regulation?

Has the plan's written statement of investment policies and procedures been established or reviewed in the fiscal year covered by this return please provide a copy?

**Note:** If yes, a copy of the amendment, or of the statement as amended, must be provided to each person or organization entitled to a copy.

Has the plan's audited financial statement as required by section 3.28 of Regulation been filed?

### Section 4 - Contributions

Please refer to the Guide to Completing Annual Information Return (p. 9) for information on how to complete this section.

#### MEMBER CONTRIBUTIONS

	Defined Benefit (DB)	Defined Contribution (DC)	Total DB and DC
Member Required	\$ 449,948.45	\$ 3,842,226.50	\$ 4,292,174.95

	Defined Benefit (DB)	Defined Contribution (DC)	Total DB and DC
Member Voluntary	\$ 0.00	\$ 0.00	\$ 0.00
Optional Ancillary (DB only)	\$ 0.00	N/A	\$ 0.00
<b>Total</b>	\$ 449,948.45	\$ 3,842,226.50	\$ 4,292,174.95

### EMPLOYER CONTRIBUTIONS (excluding special payments)

	Defined Benefit (DB)	Defined Contribution (DC)	Total DB and DC
Employer Required (for DB plans Normal cost)	\$ 567,741.96	\$ 3,895,291.54	\$ 4,463,033.50
Less surplus utilized (DB plans) only	\$ 0.00	N/A	\$ 0.00
Employer Required (for DB plans Normal Cost not funded by surplus)	\$ 502,482.87	N/A	\$ 502,482.87
Interest on late contributions	\$ 0.00	\$ 0.00	\$ 0.00

For pension plans with a defined benefit provision, were the payments shown above determined in accordance with the formulas in the last cost certificate filed with the commission?

Yes

### SPECIAL PAYMENTS (Defined Benefit Provision only)

#### Unfunded Liabilities

	Date Established per Last filed Cost Certificate	Unfunded Liability or Solvency Deficiency per Last filed Cost Certificate	Payments Required for the Plan Fiscal Year per Last filed Cost Certificate	Payments Made for the Plan Fiscal Year
DEL	DD-MM-YYYY	\$ 21,651,000.00	\$ 2,885,000.00	\$ 2,885,000.00

ADD LIABILITY

#### Solvency Deficiencies

	Date Established per Last filed Cost Certificate	Unfunded Liability or Solvency Deficiency per Last filed Cost Certificate	Payments Required for the Plan Fiscal Year per Last filed Cost Certificate	Payments Made for the Plan Fiscal Year
DEL	DD-MM-YYYY	\$ 0.00	\$ 0.00	\$ 0.00

ADD DEFICIENCY

#### Sub Total

	\$ 21,651,000.00	\$ 2,885,000.00	\$ 2,885,000.00
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Lump sum payments to fund Transfer Deficiency	N/A	N/A	\$ 0.00
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Interest on late contributions	N/A	N/A	\$ 0.00
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Payments due to filling of new valuation	N/A	\$ 0.00	\$ 0.00
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#### Total

	\$ 21,651,000.00	\$ 2,885,000.00	\$ 2,885,000.00
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Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the commission?

Yes

**Section 5 - Plan Membership**

**TOTAL MEMBERSHIP**

(a) Number of active members as at the plan `s previous year end	866
(b) New entrants (employees who joined the plan during the plan year)	52
<b>(c) Subtotal: (a + b)</b>	<b>918</b>
<b>Exits</b> , employees who ceased to be active during the plan year for the following reasons	
(d) Retirements	25
(e) Death	0
(f) Termination of membership in the plan	43
<b>(g) Subtotal: (d + e + f)</b>	<b>68</b>
<b>Total number of active members at the end of plan year (c - g)</b>	<b>850</b>
Pensioners and beneficiaries receiving a benefit from the plan	307
Former members and beneficiaries entitled to, but not yet in receipt of a benefit	155

**ACTIVE PLAN MEMBERS ON PAYROLL**

No Active Members

Designated Province - Area of Employment	Active Plan Members on Payroll	
	Male	Female
Alberta	0	0
British Columbia	0	0
Manitoba	356	448
New Brunswick	0	0
Newfoundland and Labrador	0	0
Northwest Territories	0	0
Nova Scotia	0	0
Nunavut	0	0
Ontario	0	0
Prince Edward Island	0	0
Quebec	0	0
Saskatchewan	0	0

Designated Province - Area of Employment	Active Plan Members on Payroll	
	Male	Female
Yukon Territory	<input type="text" value="0"/>	<input type="text" value="0"/>
Employment under federal jurisdiction	<input type="text" value="0"/>	<input type="text" value="0"/>
Outside Canada	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="356"/>	<input type="text" value="448"/>

### Section 6 - Filing Fee

#### FILING FEE

In accordance with subsection 3.26(1) of the Regulation, a fee is required in respect of each active plan member on payroll in a designated Province and area of employment but in no event less than \$120.00. A fee is not required if there are no active plan members.

#### Number of Active Plan Members

Number of Active Plan Members	Fee
1 - 16	\$ 120.00 (minimum)
17 - 2499	\$ 7.20 (per member)
2500 and over	\$18,000.00 (maximum)

(Example: 17 employees x \$7.20 = \$122.40)

Filing fee due

\$

Filing fee remitted

\$

### Section 7 - Indexation

#### INDEXATION (Defined Benefits Provision Only)

Were adjustments made to pensions in pay during the plan year covered by this return?

#### Reason for adjustment(s)

#### Basis for adjustment(s)

### Section 8 - Certification

#### ADMINISTRATOR'S CERTIFICATION

I hereby certify that to the best of my knowledge and belief:

- (a) the contributions paid to the pension plan or fund are at least equal to those required under the Regulation;
- (b) the plan or fund and the investments thereof have been administered in accordance with the Act and Regulation;
- (c) the plan complies with and is being administered in accordance with the Income Tax Act and Regulation;
- (d) the details entered on this information return are true and correct;

(e) I am the authorized person who represents the plan administrator as defined in section 28.1 of the Act and as identified on page 1 of the Annual Information Return as the Administrator of the Plan.

Date

First Name

Last Name

Title or Position

## Canada Revenue Agency Schedule

Canada Revenue  
AgencyAgence du revenu  
du Canada

### 1. Identification

Canada Revenue Agency Registration Number

Is the location of books and records the same as the mailing address?

### 2. Financial Data (Plan Year)

Amounts transferred in from other plans - Line 1

\$ 

Net investment earnings (losses) - Line 2

\$ 

Payment of benefits - Line 3

\$ 

Transfer of benefits to other plans - Line 4

\$ 

Assets (market value) at beginning of the plan year - Line 5

\$ 

Assets (market value) at end of plan year - Line 6

\$ 

Actuarial Liabilities resulting from plan obligations - Line 7

\$ 

Date of actuarial liability assessment - Line 8

3. Did the pension plan terminate or become inactive in this year or in a previous year?

4. How many active members were persons connected with the employer?

Note: Only connected members as described in point #4 in the "How to Complete the Canada Revenue Agency Schedule" should be reported

5. How many employers participated in the plan at plan year end?



6. Did any member of this plan participate:

in any other RPP or DPSP provided by this plan sponsor?

in a RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor?

7. Have any connected persons joined or left the plan in the plan year?

8. In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?

9. Were any plan members provided with post-1989 past-service benefits in the plan year?

10. Have any plan members who are connected persons been provided with pre-1992 past-service benefits in the plan year?

We acknowledge that the AIR filing fee payment of \$5,788.80 must be paid electronically as soon as possible.  (Please check)

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