

Phone (204) 945-2740 Fax (204) 948-2375
Website address: www.gov.mb.ca/finance/pension/
E-mail address: pensions@gov.mb.ca

The remittance should be made payable to the MINISTER OF FINANCE

c/o:
824 - 155 Carlton Street
Winnipeg, MB R3C 3H8

| |
|-------------------------|
| For Commission Use Only |
| File No. |
| Approved |

APPLICATION FOR REGISTRATION OF A
SIMPLIFIED MONEY PURCHASE PENSION PLAN

1. Plan Identification

Name of SMPPP _____
Simplified Money Purchase Pension Plan Contract or Policy No. (if applicable) _____

2. Plan Details

Effective Date of Provisions Applicable to all Participating Employers _____ / _____ / _____
YY MM DD
Plan Year ends on December 31st ☐ Approval is requested to a plan year ending _____ / _____ / _____
YY MM DD

3. Administrator of the Plan

Identify contact person, and name and address of Financial Institution administering the SMPPP.
Name of Contact Person _____ Title _____
Financial Institution _____
Mailing Address _____
_____ Postal Code _____
Phone # _____ FAX # _____ E-mail address: _____

4. Information Concerning Participating Employers

Please complete Appendix 1.

5. Documents Attached

- This application must be accompanied by
- ☐ Copy of plan text(s) and amendment(s), if any
 - ☐ Copy of trust agreement
 - ☐ Copy of insurance contract
 - ☐ Copy of employee booklet
 - ☐ Copy of sample employee statement

6. **Filing Fee**

Attach a cheque for \$250.00 payable to the MINISTER OF FINANCE.

7. **Financial Institution's Certification**

I hereby make application for registration of the Simplified Money Purchase Pension Plan identified in this form under *The Pension Benefits Act* of Manitoba.

I hereby certify that to the best of my knowledge and belief, and relying on the information provided by participating employers, the information given in all forms and documentation relating to this application and appendices are true and correct.

Date

Signature of Officer of Financial Institution

Name (PRINTED)

Title or Position

Financial Institution

APPENDIX 1 **Information Concerning Participating Employers**
Provide the following information for all participating employers under the SMPPP.

1.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

2.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

3.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

4.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

5.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

6.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

7.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

8.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

9.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Mailing Address: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

APPENDIX 1 **Information Concerning Participating Employers - Cont'd**

10.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Address Mailing: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

11.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Address Mailing: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

12.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Address Mailing: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

13.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Address Mailing: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

14.

| | | |
|---------------------------------|----------------|--|
| Employer: | | |
| Address Mailing: | | |
| # of Plan Members: <i>Male:</i> | <i>Female:</i> | Effective Date of SMPPP Participation: |

GUIDE FOR COMPLETING APPLICATION FOR REGISTRATION OF A SMPPP

SECTION 1 - Plan Identification

Every Simplified Money Purchase Pension Plan ("SMPPP") submitted for registration must have a name that distinguishes it from all other pension plans. The name of the plan must contain the phrase "Simplified Money Purchase Pension Plan".

SECTION 2 - Plan Details

This effective date of the SMPPP is the earliest of the following dates:

- the date on which deduction of member contributions began;
- the date on which members' employment was first taken into consideration for the purposes of determining the employer contribution; and
- the date set by the financial institution.

The SMPPP's plan year end will be December 31st, unless the Pension Commission specifically approves a different fiscal year. Approval will be provided by means of accepting the plan for registration.

SECTION 3 - Administrator of the Plan

Only a financial institution can administer a SMPPP. SMPPPs and the funds under a SMPPP, must be administered by the same financial institution that files for registration. The name and title of the person at the financial institution who is the contact for the SMPPP, as well as the full name and mailing address of the head office of the financial institution that is responsible for administering the plan must be provided.

SECTION 4 - Information Concerning Participating Employers

For each employer participating in the SMPPP at the time the application is made, the employer's full corporate name, the effective date of participation in the SMPPP for that employer, and the number of members enrolled in the SMPPP at the effective date is identified in Appendix 1.

SECTION 5 - Documentation Attached

An application for registration of a SMPPP can be filed with the Pension Commission only by a financial institution. The application must be accompanied by a copy of the plan text(s) and amendments thereto, if any, issued to **each** employer(s) participating in the SMPPP at the time the application is made, a copy of the funding media for the plan, employee booklet and sample employee statement. The filing fee must also be included with the application.

SECTION 6 - Filing Fee

The application must be accompanied by a filing fee. The amount of the fee is \$250.00. The money order or cheque must be made payable to the **Minister of Finance**.

SECTION 7 - Financial Institution's Certification

An officer of the financial institution administering the SMPPP shall execute the certification section of the application.