

Form 15 – PBA Exemption Election Form

For purposes of section 101.1 of the *Pension Benefits Act*
(R.S.O. 1990, c. P.8) (the “PBA”)
Approved pursuant to section 113.2 of the PBA

General Information

An employer of a pension plan that is an individual pension plan (“IPP”) or a designated plan for purposes of the *Income Tax Act* (Canada) must use this form if it wishes to elect that the plan be exempt from the application of the *Pension Benefits Act* (“PBA”), regulations made under the PBA and rules made by the Financial Services Regulatory Authority of Ontario (“FSRA”) under the PBA (except as necessary to give effect to section 101.1 of the PBA). The requirements set out in this form (and section 101.1 of the PBA) must be satisfied at the time this PBA Exemption Election Form is submitted to FSRA. This form must be submitted to FSRA along with all applicable Consent Forms for persons described in Part 2 of this form (see Form 15.1, Form 15.2 and Form 15.3).

How to submit this PBA Exemption Election Form:

Email the completed PBA Exemption Election Form and all completed and signed Consent Forms to pensioninquiries@fsrao.ca.

Part 1 - Plan Identification

Name of Pension Plan (the “Plan”)

Registration Number

Employer Name

Plan Administrator Name

Part 2 - Number of Affected Plan Individuals

A. The number of Members, Former Members and Retired Members:

Note: a separate complete and signed Consent Form: Member ([Form 15.1](#)) must be attached to this PBA Exemption Election Form for each Member, Former Member and Retired Member of the Plan.

B. The number of people who are Spouses of any person described in A. above who are not themselves a Member, Former Member or Retired Member, and who are not living separate and apart from the Member, Former Member or Retired Member on the date they signed the Consent Form:

Note: a separate complete and signed Consent Form: Spouse ([Form 15.2](#)) must be attached to this PBA Exemption Election Form for each such Spouse.

C. The number of Other Persons not described above in A. and B. who are entitled to pension benefits under the Plan:

Note: a separate complete and signed Consent Form: Other Person ([Form 15.3](#)) must be attached to this PBA Exemption Election Form for each Other Person entitled to pension benefits under the Plan.

Part 3 - Effective Date of Exemption

Effective Date of the Plan's exemption from the application of the PBA, regulations made under the PBA and FSRA rules made under the PBA: (YYYY/MM/DD): _____

Note: the Effective Date must be at least 14 days, but no more than 60 days, after this PBA Exemption Election Form is filed with FSRA.

Part 4 - Employer's Election and Acknowledgement

I am an authorized representative of the employer of the Plan identified in Part 1 of this PBA Exemption Election Form (the "Employer").

On behalf of the Employer, I elect under section 101.1 of the PBA for the Plan to be exempt from the application of the PBA, the regulations made under the PBA and the FSRA rules made under the PBA (except as necessary to give effect to section 101.1) as of the date indicated in Part 3 of this form.

On behalf of the Employer, I acknowledge that after this PBA Exemption Election Form is filed with FSRA, no person may become a member of the Plan unless the person is connected with the Employer within the meaning of subsection 8500(3) of the Income Tax Regulations (Canada) on the date on which they become a member of the Plan.

Person signing on behalf of the Employer

Last Name	First Name
-----------	------------

Title/Position

Employer Name

Unit Number	Street Number	Street Name
-------------	---------------	-------------

City	Postal Code	Province
------	-------------	----------

Telephone Number	E-mail Address
------------------	----------------

Signature

Date (yyyy/mm/dd)	Signature
-------------------	-----------

Part 5 - Plan Administrator's Certification

I am an authorized representative of the administrator of the Plan identified in Part 1 of this PBA Exemption Election Form (the "Administrator").

On behalf of the Administrator and in support of the Employer's election under section 101.1 of the PBA, I certify that as of the date this PBA Exemption Election Form is filed with FSRA:

- a) the Plan is an IPP or designated plan for purposes of the *Income Tax Act* (Canada);
- b) every member of the Plan, if any, is connected with the Employer within the meaning of subsection 8500(3) of the *Income Tax Regulations* (Canada) ("ITR");
- c) every former member of the Plan, if any, and every retired member of the Plan, if any, was connected with the Employer within the meaning of subsection 8500(3) of the ITR immediately before becoming a former member or retired member, as the case may be;
- d) the following persons have consented to the exemption described in this PBA Exemption Election Form, as provided under section 101.1 of the PBA and as evidenced by the attached Consent Forms:
 - i. every member, former member and retired member of the Plan;
 - ii. every person who, on the day they give their consent, is not a member, former member or retired member of the Plan but is a spouse of a member, former member or retired member of the Plan who is not living separate and apart from the member, former member or retired member on that day; and
 - iii. any other person entitled to pension benefits under the Plan; and
- e) the information contained in this PBA Exemption Election Form is true, accurate and complete.

Person signing on behalf of the Administrator

Last Name	First Name
-----------	------------

Title/Position

Administrator Name

Unit Number	Street Number	Street Name
-------------	---------------	-------------

City	Postal Code	Province
------	-------------	----------

Telephone Number	E-mail Address
------------------	----------------

Signature

Date (yyyy/mm/dd)	Signature
-------------------	-----------

How to submit this PBA Exemption Election Form

Email the completed PBA Exemption Election Form and all completed and signed Consent Forms to pensioninquiries@fsrao.ca.