



Portal Pensions User Guide

Version 1.20

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Introduction

This is a guide to using the online portal of the Financial and Consumer Services Commission (FCNB) for Pensions and related filings.

Please take a moment and review the Portal Basics User Guide to learn how to create an account, how to navigate the portal, how to make selections from dropdowns, and how to upload documents. It is available on the portal FAQ page at <http://fcnb.ca/portalfaq.html>.

The portal may be found online at <https://portal.fcnb.ca> and offers the following functionality to a Pension Plan Representative user:

- Start a pension plan registration or related filing application and save as a draft
- Upload document(s) required for a pension plan registration or related filing application
- Validate and submit a pension plan registration or related filing application
- Add and edit delegated parties
- View a submitted or registered pension plan or related filing
- Pay the pension plan registration or related filing fee online
- View the current status of an application for pension plan registration or related filing
- Upload additional documents or provide additional information, if further information is required to process the application or related filing

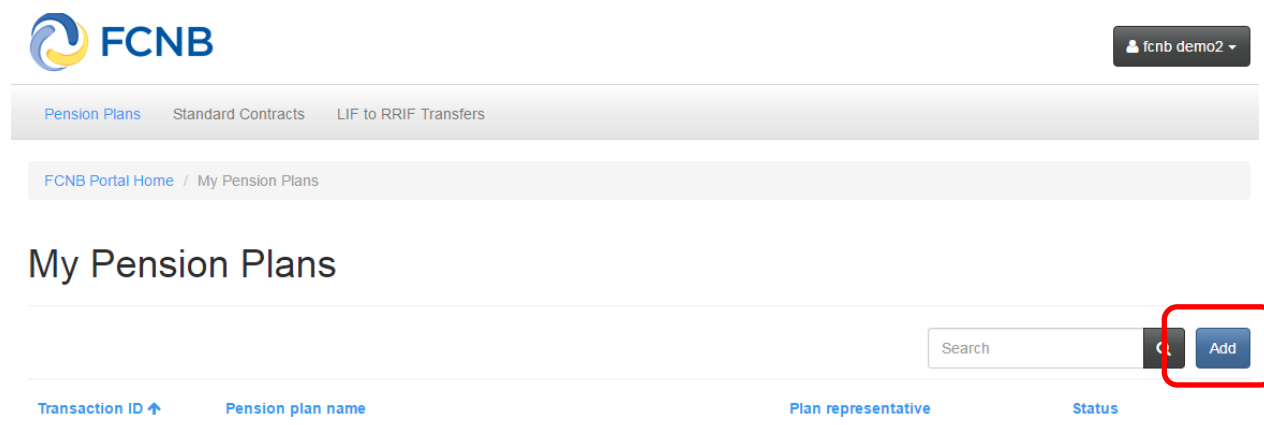
New Pension Plan Registration

Once you have successfully signed in, you will see the main menu page. Here you will see, at the top left of the page, a menu with an option for 'Pension Plans'. Click here to return to this page at any time.



My Pension Plans

Click on the menu option for Pension Plans and you will see a (currently empty) list of pension plans associated with your account. To begin a new pension plan registration application, click the 'Add' button on the right side of the page.



At each of the following pages in the request process you will be asked to provide information or to make certain selections. Here you will note a yellow box containing an explanation of what you are required to do at this step. You will find this explanatory yellow box on most pages. Please carefully read these instructions for each step of the application process.

Pension plan name and contact details

Enter the pension plan name, plan administrator name, plan administrator address and, if applicable, enter the name of the pension plan in the other official language in the 'Alternate plan name' field. Click 'Next' to proceed.

[Pension Plans](#) [Standard Contracts](#) [LIF to RRIF Transfers](#)

[FCNB Portal Home](#) / [My Pension Plans](#) / [New Pension Plan Registration](#)

New Pension Plan Registration

Pension plan name and contact details

Before beginning the online application process, we urge you to review our FAQ and particularly our "Before you Begin" document, to ensure you have the required information and documents which you will need to complete this application. The FAQ, which contains a link to the "Before you Begin" document, is available [here](#) (this link will open in a separate window).

Registering a new pension plan involves your providing us with information about the plan by way of entering data in a series of steps. Once you have completed entering this information, you will then be asked to upload supporting documents. At the end of the application process you will be asked to either pay the application fee online or be invoiced. Once your plan registration application has been submitted, you will be required to complete a separate Actuarial Valuation Report (AVR) or Cost Certificate filing process (depending on the type of plan you have applied to register) before your application can be reviewed by FCNB for approval. This option will appear in your pension plan list once you have successfully completed this initial pension plan application process.

Please note: Your application will be automatically saved as a draft once you have completed the first screen and will be re-saved as you progress further. You are free to leave the process at any time and return later to continue completing your application.

You will receive a confirmation email once you have successfully submitted your application.

The first step in the process is to provide the pension plan name and administrator details. Fields with a red asterisk are mandatory and must be populated. Please note that with respect to the "Alternate Plan Name" field, if your plan has a name in the other official language, you should enter it there.

When you have populated all required fields, click 'Next' to proceed to the next step.

Pension plan name *

Plan representative

fcnb demo2

Alternate plan name

Plan administrator *

Plan administrator address

Address line 1 *

Address line 2

City *

Province *

Postal code *

Next

Close

Draft application

A draft application is automatically created once you click the 'Next' button. If you navigate back to the main page you will now see that your application is on your list of pension plans, identified as having a 'Draft' status. You may continue to edit your application by clicking the Transaction ID link (160000487) under the Transaction ID heading.

Pension Plans Standard Contracts LIF to RRIF Transfers			
FCNB Portal Home / My Pension Plans			
My Pension Plans			
<div>Search <input type="button" value="Q"/> <input type="button" value="Add"/></div>			
Transaction ID <input type="button" value="↑"/>	Pension plan name	Plan representative	Status
160100487	Theresa's Pension Plan	fcnb demo2	Draft

After clicking the Transaction ID link, the following page appears, with options to continue the pension plan registration, or add delegated parties. There is also a list of related filings, which is currently empty.

[FCNB Portal Home](#) / [My Pension Plans](#) / Pension Plan Details

Pension Plan Details

Theresa Plan 6

Plan Administrator: Admin Admin

Continue Pension Registration

Delegated Parties

Add

First name

Last name

Email

There are no records to display.

Related Filings

Transaction ID

Type

Created on

Status

There are no records to display.

Plan reference ID

Enter the plan reference ID, if applicable, and click 'Next' to proceed.

New Pension Plan Registration

5%

Plan reference ID

This application is to register your plan as a New Brunswick based pension plan.

If you have an internal Plan reference ID, you may enter it below.

Then click 'Next' to proceed.

Plan reference ID

Jurisdiction *

New Brunswick ▼

Next

Close

Plan administrator

Enter the plan administrator name and select an option from the 'The administrator is a/an:' dropdown.

New Pension Plan Registration

11%

Plan administrator

Please select the type of pension plan administrator from the dropdown menu. Depending on your selection you may be asked to provide additional detail of the members of any board or committee.

Plan administrator *

The administrator is a/an: *

fcnb demo1

Insurance company ▼

Previous

Next

Close

If you select 'Employer or employers' from 'The administrator is a/an' dropdown box, you will need to also enter the incorporated name of the main employer acting as administrator.

New Pension Plan Registration

11%

Plan administrator

Please select the type of pension plan administrator from the dropdown menu. Depending on your selection you may be asked to provide additional detail of the members of any board or committee.

Plan administrator *

fcnb demo1

The administrator is a/an: *

Employer or employers

Incorporated name of main employer acting as administrator *

Previous

Next

Close

If you select ‘Pension committee’, ‘Board of trustees’, or ‘Person, board or commission’, you will be required to provide the details for the pension board or committee members. Click ‘Add’ to enter the required information.

Plan administrator

Please select the type of pension plan administrator from the dropdown menu. Depending on your selection you may be asked to provide additional detail of the members of any board or committee.

Plan administrator *


Admin Admin

The administrator is a/an: *

Board of trustees

Pension board or committee members

Add

Name 	Effective date	Mailing address	Telephone	Representative of	Detail
There are no records to display.					

Previous

Next

Close

Enter the required information and click 'Submit' to return to the 'Plan administrator' page.

Add

×

Pension Board or Committee Member

Name *

Mailing address *

Effective date - date appointed (DD/MM/YYYY)

Telephone *

Representative of a/an: *

Other (please provide details) ▼

Details *

Submit

Plan type details

Enter the required information regarding the type of plan being registered and the basis of making pension payments. Depending upon your selections, additional data may be required. Click 'Add' to enter details of contributing employers. Enter the email addresses of the pension fund administrator, pension fund custodian, and actuary. If the email addresses are not already on file with FCNB, you will be required to provide additional contact information. Click 'Next' to proceed.

Plan type details

Please select the type of plan you are applying to register (i.e. whether it is a defined benefit, defined contribution or shared risk plan) from the drop down menu, and then provide the additional information required for that plan type.

Indicate if a collective agreement applies and if other employer plans are involved. Also indicate if the new plan is being established as a result of the sale, assignment or disposition of a business, the merger of two or more pension plans, a conversion of a previous plan, the splitting of a previous pension plan or the cessation of employer contributions. You may also be required to enter details about the other employer's plan(s) and/or previous pension plan(s), if applicable. **(Please note: if there is another plan which has not yet been registered, please enter "pending" in the Registration number field when adding the plan details below.)**

Then please provide details regarding the custodian of the pension funds. Please note that the grey fields below will be populated based on the email address you enter for the administrator and custodian. If the email for the custodian is not in our records, you will be asked to provide further contact details during the following step.

Finally, enter each employer who is required to make contributions to the plan or who has employees required to make contributions to the plan.

Type of plan being registered *

Date on which the plan is established (DD/MM/YYYY) *

Basis of making pension payments *

Number of employers *

Plan year end

Year end month *

Year end day *

☐ Members of the plan are subject to a collective agreement

☐ There are other plans maintained by this employer

Reason for plan creation

Plan is established as the result of: *

Custodian of pension funds

☐ Benefits are guaranteed by an insurance company

Name of pension fund (custodian of the pension funds) *


Pension fund administrator email *

Pension fund custodian email

Actuary email *

Add each employer who is required to make contributions to the plan or who has employees required to make contributions to the plan*

Add

Employer legal name ↑	Employer is	Details	Main activity	Nature of the business	Details
ABC Employer	A sole proprietorship		x	Flour, feed or seed mills	

Previous Next Close

Note: To update pension fund administrator, pension fund custodian or actuary contact information, please contact FCNB Pension Division.

Plan type details (Adding contributing employers)

Enter the required information and click 'Submit' to return to the 'Plan type details' page.

Add

Pension Plan Contributor

Employer legal name *

Employer is *

Main activity *

Nature of the business *

Submit

Plan type details (Adding employer's other plans)

Note that if you check the box for 'There are other plans maintained by this employer', another section will appear where you will be required to enter the details of the employers other plan(s).

Click the 'Add' button to enter details of employer's other plans.

☐ Members of the plan are subject to a collective agreement

☒ There are other plans maintained by this employer

Other employers' plans

Add

Pension plan name ↑

Employer name

Registration number

Registered
government

Number of members employed in New Brunswick

There are no records to display.

Enter the required information and click 'Submit' to return to the 'Plan type details' page.

Add

Other Employer Plan Details

Pension plan name *

Employer name *

Registration number *

Registered jurisdiction *

New Brunswick

Number of members employed in New Brunswick *

Submit

Plan type details (Adding previous plans)

Note that depending upon the option selected from the 'Plan is established as the result of' dropdown box, another section will appear where you will be required to enter the details of previous pension plans. Click the 'Add' button to enter details of previous pension plans.

Reason for plan creation

Plan is established as the result of: *

The sale, assignment or disposition of a business ▼

Previous plan details

Add

Name ↑	Registration number	Jurisdiction	Current status	
ABC Employer	NBF0034	New Brunswick	Registered	🗕

Enter the required information and click 'Submit' to return to the 'Plan type details' page.

Add

Previous Pension Plan Details

Name *

Registration number

Jurisdiction *

New Brunswick ▼

Current status *

Submit

Member statistics
















Enter the required member statistics for the applicable jurisdiction(s) by clicking on the edit button at the end of each applicable row. When done, click 'Next' to continue.

Member statistics

Please enter the number of male and female member for each jurisdiction in which the plan has participants. To edit a particular jurisdiction, click on the button at the end of the appropriate row and then select 'Edit'. This will open a new window where you can update the number of male and female former and current members. Click 'Submit' when done to return to this page. Repeat the process for each applicable jurisdiction. Then click 'Next' to proceed.

You can sort a particular column in descending order by clicking on the corresponding heading. Click again to sort in ascending order. As an example, to sort the "Number of members" column in ascending order (most members first) click that heading twice.

Please note that in order to register a pension plan in New Brunswick, the **majority of members of the plan need to be residents of New Brunswick**.

Jurisdiction ↑	Number of male members	Number of female members	Number of members	Number of former members	Number of male former members	Number of female former members	
Alberta	1	1	2	0	0	0	
British Columbia	2	2	4	0	0	0	
Federal	3	3	6	0	0	0	
Manitoba	4	4	8	0	0	0	
New Brunswick	45	50	95	0	0	0	
Newfoundland and Labrador	5	5	10	0	0	0	
Northwest Territories	0	0	0	0	0	0	
Nova Scotia	0	0	0	0	0	0	
Nunavut	0	0	0	0	0	0	
Ontario	0	0	0	0	0	0	
Outside Canada	0	0	0	0	0	0	
Prince Edward Island	0	0	0	0	0	0	
Quebec	0	0	0	0	0	0	
Saskatchewan	0	0	0	0	0	0	
Yukon	0	0	0	0	0	0	

[Previous](#) [Next](#) [Close](#)

Enter the member statistics and click 'Submit' to return to the 'Member statistics' page.

Edit

Member Statistics

Jurisdiction *

New Brunswick

Number of male members *

0

Number of female members *

0

Number of male former members

0

Number of female former members

0

Submit

Plan details

Enter the required details and then click 'Next' to continue.

Plan details

Please enter the required pension plan details below. Select the principal employer type from the dropdown. Then please indicate, with respect to the included employment item, whether any members are employed in an activity that is within the authority of the federal *Pension Benefits Standards Act* (for example, activity relating to communication, banking or interprovincial transportation.)

Then enter the principal employer contact information if different from the plan administrator. Select the funding instrument, class(es) of eligible employees and new employee eligibility options. Indicate whether the plan is integrated with C/QPP.

Then click 'Next' to proceed.

Principal employer type

Included employment

☐ The principal employer is the same as the plan administrator

Principal employer contact information

Principal employer *

Address line 1 *

Address line 2

City *

Province *

Postal code *

Funding Instrument (must choose at least one) *

☐ Insurance company contract - fully guaranteed

☐ Insurance company contract - not fully guaranteed

☐ Trust agreement

☐ Pension fund society

☐ Government consolidated revenue fund

☐ Other (please provide details)

Employees eligible to be covered by the pension plan

☐ All employees

☐ Salaried

☐ Hourly

☐ Executives (Including significant shareholders connected persons)

☐ Supervisory

☐ Union employees

☐ Non-union employees

☐ Other (please provide details)

New employees

New employee eligibility *

☐ This plan is integrated with C/QPP

Previous

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Close

Employee contribution

Select the applicable employee contribution rate methodology and enter any additional information required. Then click 'Next' to continue.

Employee contribution

Please select the applicable employee contribution rate methodology from the dropdown and indicate if employees have the option to make additional voluntary contributions.

Then click 'Next' to proceed.

Employee contribution rate methodology *

Additional contributions

☐ Employees are permitted to make additional voluntary contributions

Previous

Next

Close

Employer contribution

Select the applicable employer contribution rate and current service benefits and enter any additional information required. Then click 'Next' to continue.

Employer contribution

Please enter the required employer contribution details below. Select the employer contribution rate and current service benefits from the dropdowns and enter any other information required based on your selections.

Also enter normal retirement and special retirement specifics. Then click 'Next' to proceed.

Employer contribution rate - current service *

Current service benefits *

Normal retirement

☐ Bridging supplement on retirement before age 65

☐ Disability benefits provided

Normal retirement *

Special retirement (no reduction in pension) (check one or more) *

☐ Not applicable - no special retirement

☐ Years of service

☐ Age plus service equals

☐ Combination of three conditions

☐ Other (please provide details)

☐ Age

Previous

Next

Close

Statistics Canada details

Enter the information required by Statistics Canada and click 'Next' to proceed.

Statistics Canada details

Please enter some additional information about the plan which is required by Statistics Canada.

Lastly, every pension plan registered in New Brunswick must be LIF/LIRA transferable. Please confirm this to be the case by checking the applicable checkbox.

Then click 'Next' to proceed.

Maximum period for vesting (months) *

Entitlement to surplus on wind-up *

How are the administrative costs paid? *

Who decides the investment? *

☐ The pension plan text permits the employer to withdraw any surplus

☐ This is a Flex plan (i.e. plan members may also make defined contributions)

☐ This plan is transferable to LIF/LIRA *

Previous

Next

Close

Defined Benefit or Shared Risk Plan adjustment and death benefit

Enter the details regarding automatic adjustments and death benefits and click 'Next' to proceed.

Defined Benefit or Shared Risk Plan adjustment and death benefit

Please enter details with respect to automatic adjustments and death benefits provided under the plan. Please note that selecting certain options from the dropdowns will result in request for additional details.

Once all details have been fully filled out, click 'Next' to proceed.

Automatic adjustment to pensions provided for in plan? *

No automatic adjustment provided for in plan ▼

Death benefits after retirement - Normal form of pension if member does not have a spouse or common-law partner *

Life annuity ▼

Death benefits after retirement - member has a spouse or common-law partner

Is joint and survivor or spouse's pension provided? *

No ▼

Previous

Next

Close

Upload documents

You must now upload the documents listed on this page. Documents will vary based on the information provided on the previous pages. Detailed instructions for uploading documents are provided in the yellow box. After uploading all mandatory documents click 'Next' to proceed.

Upload documents

You have completed the data entry portion of the application process. Based on your selections during the application process, you must now upload the documents listed below.

Please note: If any governing body resolutions are required for any of the required documents (such as for example a resolution of a Board of Trustees approving a Funding Policy), then please ensure that a copy of the applicable resolution is uploaded with the approved document.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Member eligibility statement

Deposit contracts with an insurance company


Employee booklet

Trust agreement or investment contract *

[Trust Agreement or Investment Contract.docx](#) 

Funding policy

SIPG or investment policy *

[SIPG or Investment Policy.pdf](#) 

Additional documents

Validation and confirmation

At this point in the process it may be a good idea to review the information provided by navigating back through your application using the 'Previous' button. Once all information has been reviewed, navigate forward using the 'Next' button to return to this point. When you have completed the application to your satisfaction, click the 'I confirm' checkbox and click 'Next' to continue.

Validation and confirmation

You have completed the data entry and document upload portions of your application. If you wish to review and/or edit any of your data entries or document uploads, you may use the 'Previous' button to navigate back through the previous steps.

Once you are satisfied with the data entered and documents uploaded, we ask that you validate and confirm your application by checking the box below.

After submission, you will receive an email confirming receipt of your application.

Please note: Once your plan registration application has been submitted, you will be required to complete a separate Actuarial Valuation Report (AVR) or Cost Certificate filing process (depending on the type of plan you have applied to register) before your application can be reviewed by FCNB for approval. This option will appear in your pension plan list once you have successfully completed this initial pension plan application process.

☐ I confirm that I am authorized to make this application for registration on behalf of the pension plan, that all information provided in this application is accurate and complete, and that no material information has been omitted. *

Previous

Next

Close

Fee summary

Select a method of payment and click 'Next'.

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee summary

Description:	Fee
Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total Fee:	\$120.19

Payment Method:

- ☒ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

Previous

Next

Close

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee Summary

Transaction ID: 170031386

Transaction date: 5/5/2017

Applicant: Theresa Hughes

Payment Method: I will send or deliver payment to FCNB separately

Payment status: Unpaid

Fee details:

Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total	\$120.19

[Download Fee Summary](#)

[Previous](#)

[Submit](#)

[Close](#)

Require Initial AVR/CC

Once your pension plan registration application has been successfully submitted, you will see your application as 'Require Initial AVR/CC' status in the list of pension plans associated with your account. An Actuarial Valuation Report (AVR) or Cost Certificate (CC) filing (whichever is applicable) has been created for you in 'Draft' status. You must follow the process to submit your initial AVR or CC. To do this, click on the Transaction ID link (160100487) in the list of pension plans.

My Pension Plans

<div>Search <input type="text"/> <input type="button" value="Q"/> <input type="button" value="Add"/></div>			
Transaction ID ↑	Pension plan name	Plan representative	Status
160100804	Theresa Plan 6	fcnb demo2	Draft
160100487	Theresa's Pension Plan	fcnb demo2	Require Initial AVR/CC

Pension Plan Details

To edit the initial AVR/CC, either click the 'Edit Initial AVR or CC' button or click on the Transaction ID link (160100341) for the AVR or CC in the list of related filings.

From this page you can also view the submitted pension plan registration application by clicking the 'View Pension' button or add a delegated party by clicking the 'Add' button in the Delegated Parties section.

[FCNB Portal Home](#) / [My Pension Plans](#) / Pension Plan Details

Pension Plan Details

Best SR Plan

Plan Administrator: Joe Admin

Delegated Parties

First name ↑	Last name	Email
------------------------------	-----------	-------

Related Filings

Transaction ID	Type	Created on ↑	Status
160100341	Actuarial Valuation Report Filing	03/03/2016 14:03 PM	Draft

Actuarial Valuation Report Filing

Valuation date and report type

Enter the valuation date and select the report type. Click 'Next' to continue.

Actuarial Valuation Report Filing

0%

Valuation date and report type

The Actuarial Valuation Report (AVR) filing process involves entering the material data contained in the Actuarial Valuation Report and then uploading a copy of the document(s).

Please note that the uploaded document(s) will constitute the official filing. Any discrepancy between data entered online and the uploaded documents will be resolved in favour of the latter.

Please begin by selecting the valuation date of this AVR and the specific type of valuation report filing you are making.

Plan with respect to which filing is made

Theresa's Pension Plan

Plan registration number

Valuation date (DD/MM/YYYY) *



Report type *

Next

Close

Risk management test

Indicate if the plan has met the applicable risk management goals and provide the corresponding percentages and click 'Next' to continue. Note: This page is applicable only for a Shared Risk plan, not a Defined Benefit plan.

Risk management test

Please confirm that the plan has met the applicable risk management goals and enter the corresponding result percentages.

Please note: If the testing of a secondary risk management goal is not applicable to this plan, please enter 0 (zero) in the corresponding "B. Result%" field.

Then please indicate whether the liability of the plan has been tested, using the asset-liability model.

Then click "Next" to proceed.

A. Has the plan met the primary risk management goal? *

☐ No ☒ Yes

A. Result % *

100.00

B. Has the plan met the secondary risk management goal (if applicable to the pension plan)? *

☐ No (or N/A) ☒ Yes

B. Result % *

100.00

C. Has the liability of the plan been tested using the asset-liability model? *

☐ No ☒ Yes

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Funding Policy calculations

Enter the asset and liability values from the Funding Policy and click 'Next' to continue. Note: This page is applicable only for a Shared Risk plan, not a Defined Benefit plan.

Funding Policy calculations

Please enter the asset and liability values from the Funding Policy.

If there are no liabilities with respect to other participants, please enter 0 (zero) in that field. If there are other participant liabilities, please describe who the other participants are in the "Other participants" detail field.

Please note that calculated values will be calculated on the right portion of the screen based on the data you enter.

Assets

A. Funding Policy assets *

B. Present value of excess contributions *

Liabilities

C. For active members *

D. For deferred members *

E. Pensions in pay (retired/beneficiaries) *

F. For other participants *

Other participants details

Calculated values

G. Total liabilities (C+D+E+F)

H. Funding Policy position (A-G)

I. Termination value funded ratio (A/G)

J. Open group funded ratio ((A+B)/G)

[Previous](#)[Next](#)[Close](#)

Funding Policy assumptions

Enter the valuation assumption methodology, mortality table used and applicable rates, then click 'Next' to proceed. Note: This page is applicable only for a Shared Risk plan, not a Defined Benefit plan.

Funding Policy assumptions

Please enter the valuation assumption methodology and mortality table used, as well as the applicable rates below.

Please note: With respect to the rate years, enter 99 if the rate applies for the term of the plan.

Indicate whether the withdrawal rate was used.

Finally, please confirm that the entered data completely describes the assumed growth rates. If it does not, do not check the applicable box and enter explanatory detail in the provided text field.

Once complete, click "Next" to proceed.

Assumptions

Method of valuing Funding Policy liabilities *

Accrued benefit (unit credit)

Method of valuing Funding Policy assets *

Market value

Mortality table used *

UP 94 Gen

Withdrawal rate used? *

☒ No ☐ Yes

Initial interest rate (%) *

5.00

Interest rate years *

99

Interest rate ultimate (%)

5.00

Initial salary interest rate (%)

5.00

Salary interest rate years

99

Salary interest rate ultimate (%)

5.00

YMPE escalation rate initial (%)

5.00

YMPE escalation rate years

99

YMPE escalation rate ultimate (%)

5.00

CPI increase rate initial (%)

5.00

CPI increase rate years

99

CPI increase rate ultimate (%)

5.00

☒ This data completely describes the assumed growth rates (if not, enter a brief explanation in the "Additional information" field below)

Additional information

hdfghfghdfjdgh

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Funding Policy normal cost calculations

Enter the members and employers annual contributions and other required information. Note: This page is applicable only for a Shared Risk plan, not a Defined Benefit plan.

Funding Policy normal cost calculations

Please enter the annual member and employer contributions for the plan. If the contributions are based on the employer's cost per hour, please enter the hourly dollar amount in field C. If that is not applicable, enter 0 (zero).

Enter any temporary employer contributions in field D. If there are none, please enter 0 (zero).

Please note that the total contributions are calculated in the right column, based on the data you enter. Please ensure this amount is consistent with your records.

Contributions

A. Members annual contributions *

B. Employers annual contributions *

C. Employer cost as \$ per hour (if any) *

D. Employer temporary contributions (if any) *

Calculated values

F. Total contributions (A+B+D)

[Previous](#)[Next](#)[Close](#)

Going concern calculations

Enter the asset and liability values from the AVR on the basis of which the going concern valuation is made. Click 'Next' to continue.

Going concern calculations

Please enter the asset and liability values from the AVR, on the basis of which the going concern valuation is made. Calculated values will be calculated in the right column based on the data you enter.

If there are liabilities for other participants, please enter that amount in the last field in the left column. If there are none, please enter 0 (zero). Please note that if an amount greater than zero is entered in this field, you will be required to provide details of who these other participants are in an additional text field which will appear.

Assets

A. Going concern assets *

Liabilities

B. For active members *

C. For deferred members *

D. Pensions in pay (retired/beneficiaries) *

E. For other participants *

Details

Calculated values

F. Total liabilities (B+C+D+E)

0.00

G. GC funded position (A-F)

0.00

H. Going concern ratio (A/F)

0.00

Previous

Next

Close

Going concern assumptions

Enter the methods used for valuing going concern assets and liabilities, the mortality table used and any applicable interest rates. Click 'Next' to proceed.

Going concern assumptions

Please enter the methods used for valuing going concern liabilities and going concern assets as well as the mortality table used, from the drop down menu below.

Then confirm whether the withdrawal rate was used and check the applicable box if the plan is hourly paid (in which case you will be asked to enter the assumed hours per year).

Then please enter the various applicable interest rates in the grid. If the rate is for the full term, please enter 99 in any applicable line in the "years" column.

Then confirm that the data on this page describes the assumed growth rates. If it does not, leave the checkbox unchecked and enter an explanation in the corresponding text field.

Assumptions

Method of valuing going concern liabilities *

Accrued benefit (projected unit credit) ▼

Method of valuing going concern assets *

Smoothed market value ▼

Mortality table used *

CPM 2014 Gen ▼

Withdrawal rate used? *

☒ No ☐ Yes

☐ The plan is hourly paid

Initial interest rate (%) *

Interest rate years *

Ultimate interest rate (%)

Salary interest rate (%)

Salary interest rate years

Initial salary ultimate (%)

YMPE escalation rate (%)

YMPE years

YMPE ultimate (%)

CPI increase rate (%)

CPI increase years

CPI increase ultimate (%)

☐ The above data completely describes the assumed growth rates

Additional information *

Previous

Next

Close

Normal cost and special payment calculations

Enter the details of the DB and DC provisions and any special payments during the reporting period.

Normal cost and special payments calculations

Please enter the member and employer contributions to the plan during the reporting period for the defined benefit (DB) provisions of the plan, as well as the defined contribution (DC) provisions of the plan (if any).

Then please enter any special payments required during the reporting period and verify that the calculated minimum total employer contribution is consistent with your records.

Please note that if you enter any amount in field "G. Other", a further text field will appear where you should add a description.

DB provisions

A. Members annual contributions *

B. Employers annual contributions *

C. Employer's cost as \$ per hour (if any)

Annual calculated

F. Total special payments (going concern and solvency), if any *

G. Other (please add description after entering amount)

Minimum total employer contributions (B+E+F+G)

0.00

DC provisions (if any)

D. Members annual contributions

E. Employers annual contributions

Previous

Next

Close

Solvency calculations

Enter the required details of the solvency calculations.

Solvency calculations

Please enter the gross solvency assets, wind-up expense, present value of special payments, and member liabilities amounts, on the basis of which the solvency valuation is made.

Again, please note that the solvency funded position and applicable ratios for the plan will be calculated in the right column. Please ensure these are consistent with your records.

Assets

A. Gross solvency assets *

B. Wind-up expenses *

C. Net value of assets (A-B)

0.00

D. Present value of special payments *

Liabilities

E. Liabilities for all members *

Calculated values

Solvency funded position (C+D-E)

0.00

Transfer ratio ((A-B)/E)

Solvency ratio ((A-B+D)/E)

Previous

Next

Close

Solvency assumptions

Enter the required solvency assumption information and click 'Next' to proceed.

Solvency assumptions

Please enter the methods used for valuing solvency assets and liabilities as well as the mortality table used, from the drop down menu below.

Then please enter the various applicable interest rates in the grid. If the rate is for the full term, please enter 99 in any applicable line in the "years" column.

Please note: You must enter data in at least one of the "CV initial interest", "Deferred annuity rate", and "Immediate annuity rate" fields. If you enter data in the CV initial interest field, you will also be required to enter data in the other data fields in the corresponding row.

Then please confirm whether indexing was included in the liabilities valuation.

Finally, provide any additional information relevant to the assumptions in the "Additional information" field provided.

Assumptions

Method of valuing solvency liabilities *

Method of valuing solvency assets *

Mortality table used - solvency assumptions *

CV initial interest rate (%)

CV interest rate years

Ultimate CV interest rate (%)

Initial indexation rate (%)

Initial indexation years

Ultimate initial indexation rate (%)

Deferred annuity rate (%)

Immediate annuity rate (%)

Is indexing included in calculating the solvency liabilities? *

Additional information

Previous

Next

Close

Additional information

Enter any additional information which may assist us in reviewing your AVR filing and click 'Next' to continue.

Additional information

Please provide any additional information which may assist us in reviewing your AVR filing. If you have none, click "Next".

Additional information

Previous

Next

Close

Upload documents

Upload any documents supporting your filing and click 'Next' to continue.

Upload documents

Please upload any documents relating to or supporting your filing or which may assist us in our review, if any.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Additional Documents

Browse...

Upload

Previous

Next

Close

Validation and confirmation

Please validate and confirm your filing by checking the checkbox below and then click 'Submit' to submit your filing.

Validation and confirmation

You have completed the data entry and document upload portions of the AVR filing process. If you wish to review and/or edit any of your entries or uploads, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered and documents uploaded, we ask that you validate and confirm your filing by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that I am authorized to make this filing on behalf of the pension plan and that the information provided in this filing is true and correct to the best of my knowledge and that no material information has been omitted. *

Previous

Submit

Close

Submitted application

Once the AVR or CC has been successfully submitted, you will see the status of the pension plan as 'Submitted' in the list of pension plans.

[FCNB Portal Home](#) / [My Pension Plans](#)

My Pension Plans

Search

Transaction ID ↓	Pension plan name	Plan representative	Status
160100804	Theresa Plan 6	fcnb demo2	Draft
160100487	Theresa's Pension Plan	fcnb demo2	Submitted

Cost Certificate Filing

Effective date and filing type

Enter the effective date and select a filing type. Click 'Next' to continue.

Cost Certificate Filing

0%

Effective date and filing type

The Cost Certificate filing process involves first entering some of the data contained in the Cost Certificate and then uploading a copy of the Cost Certificate document(s).

Please note that the uploaded document(s) will constitute the official filing. Any discrepancy between data entered online and the uploaded document(s) will be resolved in favour of the latter.

Please enter the effective date of the Cost Certificate and what type of filing this is. If you wish to enter any explanatory or additional notes, please do so in the field provided.

Then click "Next" to proceed.

Effective/review date (DD/MM/YYYY) *

Filing type *

Any additional comments you would like to share with FCNB about this submission?

Next

Close

Filing period

Enter the filing period start and end dates and click 'Next' to continue.

Filing period

A Cost Certificate must cover a three year period.

Please enter the time period with respect to which this Cost Certificate is being filed.

Start of period (DD/MM/YYYY) *



End of period (DD/MM/YYYY) *



Previous

Next

Close

Contribution rate and normal cost estimate

Enter the required contribution rate and cost estimate information and click 'Next' to proceed.

Contribution rate and normal cost estimate

Please provide particulars of the member and employer contribution rates and the estimated contributions on an annual basis.

If the normal cost is allocated in a different manner, please provide an explanation.

Once done, click "Next" to proceed.

1. The member's contribution rate (%) *

2. The employer's contribution rate (as a % of the participant's earnings) *

3. If the normal cost is allocated in a different manner, please provide an explanation below

4. The estimated members' contributions, on an annual basis *

5. The estimated employers' contributions, on an annual basis *

Previous

Next

Close

Upload documents

Upload the required documents and click 'Next' to proceed.

Upload documents

You have completed the data entry portion of the Cost Certificate filing process. Based on your selections during the data entry process, you must now upload the documents listed below.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Cost Certificate *

Additional documents

Validation and confirmation

Please validate and confirm your filing by checking the checkbox and click 'Submit' to submit your Cost Certificate filing.

Validation and confirmation

You have now completed the required data entry and upload steps to complete this filing. If you wish to review and/or edit any of your entries, you may use the "Previous" button to navigate back through the previous steps.

If you are satisfied with the data entered and documents uploaded, please proceed to submit this filing by confirming your authority below and then clicking the "Next" button.

After submission, you will receive an email confirming receipt of your filing.

☐ I confirm that: *

1. I am authorized to make this filing on behalf of the pension plan.
2. The information provided in this filing is true and correct to the best of my knowledge.
3. No material information has been omitted.
4. The premiums paid under the pension plan are sufficient to provide for the payment of all benefits under the plan.

Submitted pension plan and cost certificate

Once the initial Cost Certificate is submitted, the status of the pension plan changes from 'Require Initial AVR/CC' to 'Submitted'. In addition, the Cost Certificate status will change from 'Draft' to 'Submitted' in the list of related filings for the pension plan.

My Pension Plans

<div><input type="text" value="Search"/> <input type="button" value="Q"/> <input type="button" value="Add"/></div>			
Transaction ID ↑	Pension plan name	Plan representative	Status
160100804	Theresa Plan 6	fcnb demo2	Draft
160100487	Theresa's Pension Plan	fcnb demo2	Submitted
160100340	Best SR Plan	fcnb demo2	Require Initial AVR/CC
160100338	Theresa Defined Contribution Plan	fcnb demo2	Submitted

Pension Plan Details

Theresa Defined Contribution Plan

Plan Administrator: Joe Admin

Delegated Parties

First name ↑	Last name	Email
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Related Filings

Transaction ID	Type	Created on ↑	Status
160100339	Cost Certificate Filing	03/03/2016 11:33 AM	Submitted

Registered Pension Plan

Once a submitted pension plan is registered by FCNB, the status will change to 'Registered' and additional filings can then be made (as applicable). Click on the Transaction ID of the registered pension plan to submit a related filing.

My Pension Plans

<div><input type="text" value="Search"/> <input type="button" value="Q"/> <input type="button" value="Add"/></div>			
Transaction ID ↑	Pension plan name	Plan representative	Status
160100144	BCD Pension Plan	fcnb demo2	Registered

Other Related Filings for a Registered Pension Plan

To submit a related filing, select the type of filing from the dropdown box and then click 'Add'. Note that the type of related filing has a pre-selected default.

Pension Plan Details

BCD Pension Plan

Plan Administrator: Joe Admin

[View Pension](#)

Delegated Parties

[Add](#)[First name ↑](#)[Last name](#)[Email](#)

Joe

Delegate

joedelegate@gmail.com

Related Filings

Amendment Registration

[Add](#)[Transaction ID](#)[Type](#)[Created on ↑](#)[Status](#)

Amendment Registration

Description of amendment

Enter a description of the amendment and the amendment effective date and click 'Next' to proceed.

Register an Amendment

0%

Description of amendment

Please provide a **detailed** description of the amendment being registered and select the date the amendment became effective.

Pension plan name *

Best Pension Plan

Description of amendment *

Effective date (DD/MM/YYYY) *

Next

Close

Adverse amendments

Indicate if the amendment is an adverse amendment, and if so, provide the date notice sent to members and click 'Next' to proceed.

Adverse amendments

If an amendment adversely affects the pension benefits, rights or obligations of a member or former member or a person entitled to payments under the pension plan, a written notice containing an explanation and inviting comments, must be sent to each of these persons.

Select the date the required notice was sent out (please also note that you will be asked to upload a copy of the notice at a later step).

Does this amendment have an adverse effect? *

☐ No ☒ Yes

Date notice sent to members (DD/MM/YYYY) *

6/6/2019

Previous

Next

Close

AVR or CC Required

Indicate if this amendment fits into one or more of the categories that require an Actuarial Valuation Report or Cost Certificate to be filed in support of the amendment registration application.

AVR or CC Required

If this amendment fits into one or more of the four categories set out below, an Actuarial Valuation Report (AVR) or Cost Certificate (CC) is required to be filed through the portal in support of the amendment registration application. Please check all that apply. If any of the below apply to this amendment, this amendment application will not be reviewed until the AVR or CC is filed through the portal.

If none of these apply to this amendment, simply click "Next" to proceed.

- ☐ This amendment affects the normal cost of the pension plan.
- ☐ This amendment creates a solvency deficiency.
- ☐ This amendment creates an actuarial loss.
- ☐ This amendment affects the solvency or funding of the pension plan.

Previous

Next

Close

Prohibited amendments

Confirm that the amendment is not a prohibited amendment and click 'Next' to proceed.

Prohibited amendments

Section 12 of the *Pension Benefits Act* prohibits an amendment to a pension plan where that amendment purports to reduce:

1. the amount or the commuted value of a pension benefit accrued under the pension plan with respect to employment before the effective date of the amendment,
2. the amount or the commuted value of a pension or a deferred pension accrued under the pension plan, or
3. the amount or the commuted value of an ancillary benefit that a member or former member is receiving or for which a member has satisfied all eligibility conditions at the effective date of the amendment.

Please confirm that none of these are the case for this amendment, by checking the three corresponding checkboxes below.

- ☐ This amendment does not reduce benefits. *
- ☐ This amendment does not reduce the commuted value of the pension plan. *
- ☐ This amendment does not eliminate any vested ancillary benefits. *

Previous

Next

Close

Upload documents

Upload the required documents and click 'Next' to proceed.


Upload documents

You have completed the data entry portion of the amendment registration process. Please upload any documents relating to the amendment below.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Notice to members with respect to adverse amendment *

Bankruptcy.pdf 

Browse...

Additional documents

Browse...

Upload

Previous

Next

Close

Validation and confirmation

Validate and confirm your application by checking the checkbox, then click 'Next' to proceed.

Validation and confirmation

You have completed the data entry and document upload portions of the amendment registration process. If you wish to review and/or edit any of your entries or uploads, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered and documents uploaded, we ask that you validate and confirm your amendment registration by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that all the information provided within this application to register an amendment is accurate and complete. *

Previous

Next

Close

Fee summary

Select a method of payment and click 'Next'.

Fees and Payment

The total amount due for this application or filing is set out below. You have the option to pay online or send or deliver payment separately. Select the manner in which you wish to pay and then click 'Submit'.

Please note:

- If you select to pay online, you will be redirected to our payment processor, and will then be redirected to a page to download your statement.
- If you select to send or deliver payment separately, you will be redirected to a page to download your statement. Please include a copy of the statement with your payment so it can be properly credited to your account. If paying by cheque, make cheque payable to The Financial and Consumer Services Commission. Send or deliver payment to: 200-225 King Street, Fredericton NB E3B 1E1.

Fee summary

Record-Amendment

Transaction ID: 190076159

Description:	Fee
Base Fee	\$100.00
Total Fee:	\$100.00

Payment Method:

- ☐ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

Previous

Submit

Fees and Payment

Please download a copy of the statement for this transaction by clicking the button below. If you have paid online please retain it for your records. If you selected to send or deliver payment separately please be sure to include a copy of the statement with your payment.

Please note that you will always be able to download a copy of a statement for a particular application or filing from the "Manage" page.

Once you have downloaded the statement, click 'Done'.

Fee Summary

190076159-Amendment

Transaction ID: 190076159

Transaction date: 6/6/2019

Payment Method: I will send or deliver payment to FCNB separately

Payment status: Unpaid

Fee details:

Base Fee	\$100.00
Total	\$100.00

Download Statement

Previous

Done

Filing Date Extension Request

Extension type and detail

Select the process for which the extension is being requested, enter a reason for the request and click 'Next' to proceed.

Filing Date Extension Request

0%

Extension type and detail

An extension to a filing deadline may be requested by completing this process. Please be advised of the following:

- The granting of a filing extension is purely discretionary. Completing the request process does not mean a request will be granted. Each request is assessed on a case by case basis and on its individual merits.
- Granted extensions will defer any late filing fees or interest which may be due as a result of the original due date, provided the request is made before the original due date.
- Extensions, if granted, will usually extend any deadline by 30 days. If you require an extension longer than that, please include this in your request and provide sufficient justification.

Please select the process with respect to which you require an extension and then provide the reason for the request in the text box provided.

You will have the option to upload any supporting documents at the next step.

Process for which extension is requested *

Reason for request *

Next

Close

Upload documents

Upload any documents supporting the extension request and click 'Next' to proceed.

Upload documents

Please upload any documents in support of your extension request.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

If you have no documents to upload, click "Next".

Documents supporting the extension request

Confirmation

Confirm your request by checking the checkbox and click 'Submit' to submit your request.

Confirmation

You have completed the data entry and upload portion of your filing extension request.

If necessary, please review your extension request details by using the "Previous" button.

Once you are satisfied your request is complete and correct, then confirm that you wish to make the extension request by checking the box below and clicking "Next".

☐ I confirm that I am authorized to make this request for a filing extension on behalf of the pension plan. *

Statement of Investment Policies and Goals Review Filing (SIPG)

Outstanding amendments

You must confirm that there are no amendments to the SIPG for which an amendment registration application has not been filed. If there are outstanding amendments, you will be required to submit filings for those amendments prior to completing this SIPG Review filing. Enter the date the SIPG review was completed. Click 'Next' to proceed.

Statement of Investment Policies and Goals Review Filing

Outstanding amendments

Section 44 of the General Regulation under the *Pension Benefits Act* requires that the pension plan administrator review a plan's written statement of investment policies and goals (SIPG) every three years. One of the purposes of the review is to ensure that there are no amendments to the SIPG for which an amendment registration application has not been completed. If the review reveals that all amendments (if any) which took effect since the last SIPG review filing have already been submitted to FCNB for registration, then the administrator can simply confirm this fact to the Superintendent, by checking the box below.

If the review reveals that there are changes to the SIPG for which an amendment has not been filed, please complete that step first by selecting and completing an 'Amendment Registration' filing from the 'Related Filings' menu for this pension plan. **Once this step is complete, you may proceed with your SIPG Review filing.**

Before clicking "Next" please ensure that you have also selected the date when the SIPG review was completed.

Please confirm, by checking the box below, that there are no amendments to the SIPG for which an amendment registration application has not been filed.

☒ I confirm that there are no amendments to the SIPG for which an amendment registration application has not been filed. *

Date the SIPG review was completed (DD/MM/YYYY) *

1/10/2019



Next

Close

Confirmation

Confirm your filing by checking the checkbox and then click 'Submit' to submit your filing.

Confirmation

You have completed the data entry portion of the SIPG Review Filing process. If you wish to review and/or edit any of your entries, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered, we ask that you validate and confirm your filing by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that all the information provided within this filing is accurate and complete. *

Previous

Submit

Close

Transfer Approval Request

Transfer details

Indicate if this transfer is the result of a sale, assignment or other disposition of all or part of the employer's business or assets. Provide the details of the transfer and details of any required amendments to this plan. Then click 'Next' to proceed.

Transfer details

The consent of the Superintendent is required to transfer assets from one pension plan to another. The section of the *Pension Benefits Act* under which such consent may be granted depends on whether the transfer arises as a result of the sale, assignment or other disposition of all or part of the employer's business or assets (or arises due to some other event, such as the creation of a new plan by an employer).

Please indicate whether this transfer arises from the sale, assignment or other disposition of all or part of the employer's business or assets.

Then please provide details of the nature of the transfer, including:

- Particulars of impacts on benefits to employees under both plans
- Particulars of any entitlement credit under both plans
- In the case of the sale, assignment or disposition of a business or assets, particulars of what is being sold or disposed of

Then please identify any required amendments to the current plan.

(Please note that you will have the opportunity to upload any supporting documents at a later step.)

Is this transfer the result of a sale, assignment or other disposition of all or part of the employer's business or assets? *

☒ No ☐ Yes

Transfer details *

Number of affected members *

Details of any required amendments to this plan *

Next

Close

Destination of pension funds upon transfer

Select a destination of the pension funds from the dropdown box and provide the name of the new pension plan, if that option is selected. Also provide a description of changes to the existing pension plan and click 'Next' to proceed.

Destination of pension funds upon transfer

Please identify whether the pension funds will be transferred to a new plan or will remain in an amended existing plan. If they are to be transferred to a new plan, you will be asked to provide the name of the new plan.

Then please describe the changes to be made to the existing plan in either case.

Destination of pension funds *

New pension plan

New pension plan name *

Describe the changes to the existing pension plan *

Previous

Next

Close

Additional information

Provide any additional information which may assist in reviewing your transfer request and click 'Next' to continue.

Additional information

Please provide any additional information which may assist us in reviewing your transfer request. If you have none, click "Next".

Additional information

Previous

Next

Close

Upload documents

Upload required documents and click 'Next' to continue.

Upload documents

Please upload the identified supporting documents.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Plan membership details *

Purchase and sale agreement regarding business or assets *

Notice to members *

Additional documents

Validation and confirmation

Validate and confirm your application and then click 'Next' to proceed.

Validation and confirmation

You have completed the data entry and document upload portions of your transfer approval request. If you wish to review and/or edit any of your entries or uploads, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered and documents uploaded, we ask that you validate and confirm your request by checking the box below.

After submission, you will receive an email confirming receipt of your request.

☐ I confirm that I am authorized to seek this transfer request on behalf of the pension plan and that the information provided is true and correct to the best of my knowledge and that no material information has been omitted. *

Fee summary

Select a method of payment and click 'Next'. Note late fees and interest are not applicable for transfers.

Fees and Payment

The total amount due for this application or filing is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to continue.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee summary

Description:	Fee
Application / Renewal / Filing / Process fee:	\$100.00
Total Fee:	\$100.00

Payment Method:

- ☐ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

Previous

Next

Close

Fees and Payment

The total amount due for this application or filing is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to continue.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee Summary

Transaction ID: 170031389

Transaction date: 5/5/2017

Applicant: Theresa Hughes

Payment Method: I will send or deliver payment to FCNB separately

Payment status: Unpaid

Fee details:

Application / Renewal / Filing / Process fee:	\$100.00
Total	\$100.00

Download Fee Summary

Previous

Submit

Close

Wind-up Request

Verify plan to be wound up

If you wish to proceed with a wind-up request with respect to the plan named below, then click 'Next' to proceed.

Wind-up Request

0%

Verify plan to be wound up

The winding up of a pension is governed by sections 60 through 68 of the Pension Benefits Act. An administrator seeking the winding up of a plan should carefully review these provisions to ensure compliance with their requirements.

Please verify that you wish to proceed with a wind-up request with respect to the below plan. (If this is not the correct plan, then please return to the "My Pension Plans" page and select the proper plan.)

Click "Next" to proceed.

Name of pension plan to be wound up *

Best Pension Plan

Next

Close

Type and timing of wind-up

Select the type of wind-up from the dropdown box, enter the effective date, the date notice was sent to members, and a description of the wind-up approach. Select the reason for the wind-up and then click 'Next' to proceed.

Type and timing of wind-up

Please select the type of windup, the effective date of the windup and the date notice was sent to members.

Please provide particulars of how the windup is intended to proceed and identify any unusual features of the windup process. If there are documents which are helpful in understanding any issues or the process in general, please upload these under "Additional documents" at the document upload step later in this process.

Finally, please identify the reason the plan is being wound up.

Once all fields are complete, click "Next" to proceed.

Wind-up type *

Effective date (DD/MM/YYYY) *

Notice to members (DD/MM/YYYY) *

Description of the wind-up approach (reference any unusual features) *

Reason for wind-up *

Previous

Next

Close

Financial state of the plan

Enter details of the financial state of the plan and click 'Next' to proceed.

Financial state of the plan

Please provide details of the financial state of the pension plan as set out below. If there is no value for a particular field, please enter 0 (zero).
Once complete, click "Next" to proceed.

Number of affected members *

1

Total value of plan assets *

100.00

Total value of plan liabilities *

100.00

Value of assets of affected members *

100.00

Liabilities of affected members *

100.00

Surplus/deficit of the plan *

100.00

Surplus/deficit of affected members *

100.00

Previous

Next

Close

Upload documents

Upload required documents and click 'Next' to proceed.

Upload documents

Please upload a copy of the notice sent to members, and any other documents relating to or supporting your request to windup the plan, or which may assist us in our review, if any. Please also upload a copy of the Wind-up report.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Notice to members *

Additional documents

Wind-up report *

Validation and confirmation

Validate and confirm your application by checking the checkbox and then click 'Next' to proceed.

Validation and confirmation

You have completed the data entry and document upload portions of the wind-up request process. If you wish to review and/or edit any of your entries or uploads, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered and documents uploaded, we ask that you validate and confirm your request by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that I am authorized to make this request for a wind-up on behalf of the pension plan, that the information provided is true and correct to the best of my knowledge, and that no material information has been omitted. *

Fee summary

Select a method of payment and click 'Next'.

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee summary

Description:	Fee
Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total Fee:	\$120.19

Payment Method:

- ☒ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

Previous

Next

Close

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee Summary

Transaction ID: 170031386

Transaction date: 5/5/2017

Applicant: Theresa Hughes

Payment Method: I will send or deliver payment to FCNB separately

Payment status: Unpaid

Fee details:

Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total	\$120.19

[Download Fee Summary](#)

[Previous](#)

[Submit](#)

[Close](#)

Funding Policy Review Filing

Outstanding amendments

You must confirm that there are no amendments to the funding policy for which an amendment registration application has not been filed. If there are outstanding amendments, you will be required to submit filings for those amendments prior to completing this Funding Policy Review filing. Enter the date the funding policy review was completed. Click 'Next' to proceed.

Funding Policy Review Filing

Outstanding amendments

Section 100.7 of the *Pension Benefits Act* requires that the pension plan administrator review a plan's Funding policy every year and section 100.64 requires that the review be "in consideration of the risk management procedures". One of the purposes of the review is to ensure that there are no amendments to the Funding Policy for which an amendment registration application has not been completed. If the review reveals that all amendments (if any) which took effect since the last Funding Policy review filing have already been submitted to FCNB for registration, then the administrator can simply confirm this fact to the Superintendent, by checking the box below.

If the review reveals that there are changes to the Funding Policy for which an amendment registration application has not been filed, please complete that step first, by selecting and completing an "Amendment Registration" filing from the "Related Filings" menu for this pension plan. **Once this step is complete, you may proceed with your Funding Policy Review filing.**

Before clicking "Next" please ensure that you have also selected the date when the Funding Policy review was completed.

Please confirm, by checking the box below, that there are no amendments to the Funding Policy for which an amendment registration application has not been filed.

☒ I confirm that there are no amendments to the Funding Policy for which an amendment registration application has not been filed. *

Date the funding policy review was completed (DD/MM/YYYY) *

2/10/2019

Next

Close

Confirmation

Confirm your filing by checking the checkbox and then click 'Submit' to submit your filing.

Confirmation

You have completed the data entry portion of the Funding Policy Review Filing process. If you wish to review and/or edit any of your entries, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered, we ask that you validate and confirm your filing by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that all the information provided within this filing is accurate and complete. *

Previous

Submit

Close

Investment Policy Review Filing

Outstanding amendments

You must confirm that there are no amendments to the investment policy for which an amendment registration application has not been filed. If there are outstanding amendments, you will be required to submit filings for those amendments prior to completing this Investment Policy Review filing. Enter the date the investment policy review was completed. Click 'Next' to continue.

Outstanding amendments

Section 100.7 of the *Pension Benefits Act* requires that the pension plan administrator review a plan's Investment Policy every year and section 100.64 requires that the review be "in consideration of the risk management goals". One of the purposes of the review is to ensure that there are no amendments to the Investment Policy for which an amendment registration application has not been completed. If the review reveals that all amendments (if any) which took effect since the last Investment Policy review filing have already been submitted to FCNB for registration, then the administrator can simply confirm this fact to the Superintendent, by checking the box below.

If the review reveals that there are changes to the Investment Policy for which an amendment registration application has not been filed, please complete that step first, by selecting and completing an "Amendment Registration" filing from the "Related Filings" menu for this pension plan. **Once this step is complete, you may proceed with your Investment Policy Review filing.**

Before clicking "Next" please ensure that you have also selected the date when the Investment Policy review was completed.

Please confirm, by checking the box below, that there are no amendments to the Investment Policy for which an amendment registration application has not been filed.

☐ I confirm that there are no amendments to the Investment Policy for which an amendment registration application has not been filed. *

Date the investment policy review was completed (DD/MM/YYYY) *

23/10/2019

Next

Close

Confirmation

Confirm your filing by checking the checkbox and then click 'Submit' to submit your filing.

Confirmation

You have completed the data entry portion of the Investment Policy Review Filing process. If you wish to review and/or edit any of your entries, you may use the "Previous" button to navigate back through the previous steps.

Once you are satisfied with the data entered, we ask that you validate and confirm your filing by checking the box below.

After submission, you will receive an email confirming receipt.

☐ I confirm that all the information provided within this filing is accurate and complete. *

Previous

Submit

Close

Post Transfer Filing

Date funds transferred

Provide the date funds were transferred and click 'Next' to continue.

Post Transfer Filing

0%

Date funds transferred

The *Pension Benefits Act* requires that, with respect to a transferred plan, a pension plan administrator advise of the date on which all funds in the plan have been transferred out.

Please enter the date below. If you have a supporting document confirming this fact, you may upload it at the next step.

Please click "Next" once you have selected the date.

Date all funds transferred (DD/MM/YYYY) *

01/01/2016



Next

Close

Upload documents

Upload the required documents and click 'Next' to proceed.

Upload documents

Please upload a letter outlining the funding details and any other supporting documents.

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Then click 'Next' to proceed.

Letter outlining funding details *

Additional documents

Confirmation

Confirm that all steps of the transfer have been completed and click 'Submit' to submit the filing.

Confirmation

To complete this post transfer filing, we ask that you confirm that all applicable steps of the transfer have been completed, and that FCNB staff may proceed to assess the matter with a view to terminating the plan's registration.

- ☐ I confirm that all assets in the plan have been transferred in accordance with the requirements of the *Pension Benefits Act* and any applicable reports approved thereunder, as of the date specified in the first step of this process. *

Annual Information Return Filing

Filing period and books and records

Provide the filing period dates and the location of the pension plan books and records. Click 'Next' to proceed.

Annual Information Return Filing

0%

Filing period and books and records

The Annual Information Return (AIR) filing process involves the collection and/or verification of pension plan data over a series of steps.

BEFORE YOU BEGIN PLEASE NOTE: In order to complete the filing of an Annual Information Return, the filer will be required to confirm (at the next step) that all amendments which took effect during the filing period have been submitted to FCNB for registration. If this has not been done, please complete that step first, by selecting and completing an "Amendment Registration" filing from the "Related Filings" menu for this pension plan.

Before proceeding with the AIR filing, please note the filing period below and verify you have all required records and data to proceed. Then confirm particulars of where the books and records of the pension plan are currently maintained, and click 'Next' to continue.

Pension plan with respect to which AIR is being filed

DC Plan for CC

Please select the period to which this AIR applies.

From: (DD/MM/YYYY) *

01/01/2011

To: (DD/MM/YYYY) *

31/12/2011

☐ The books and records of the pension plan are maintained at the offices of the pension plan administrator.

City *

Postal code *

Province *

Address

Next

Close

No outstanding amendment registrations

Confirm there are no outstanding amendment registrations and click 'Next' to proceed.

No outstanding amendment registrations

An AIR cannot be filed if there has been a change or changes to the plan during the filing period for which no amendment registration has been completed.

Please confirm, by checking the applicable boxes below, that there are no changes of the types identified, for which an amendment registration application has not been filed.

During the filing period, there are no outstanding amendment registration filings with respect to:

- ☐ A change in the name of the administrator of the plan *
- ☐ A change in the composition of any pension committee, board, agency or commission acting as an administrator *
- ☐ A change in the name of the pension plan *
- ☐ A change in the year end of the plan *
- ☐ A change in the pension plan documents, pension fund or reciprocal transfer agreement(s) *

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Close

Participating employers

Update the table below to reflect any changes in participating employer(s) during the filing period. Add participating employers by clicking the 'Add' button or edit an employer by clicking on the edit button at the end of the applicable row. When done, click 'Next' to proceed.

Participating employers

According to our records, the following employers were participants in this plan at the commencement of the filing period. Please update the below table to reflect any change(s) in the participating employer(s) for the plan during the filing period.

PLEASE NOTE: If an employer both joined and withdrew during the filing period, please select "Joined and Withdrew" in the Status drop down for the "Add Participating Employer" window, and enter the corresponding dates as required.

Name ↑	Status	Date of joining	Date of withdrawal
ABC Employer2	Joined and withdrew	01/01/2016	01/02/2016
GHI Employer	No change		

Add



Previous

Next

Close

Add participating employer

Provide the required information and click 'Submit' to return to the previous page.

The screenshot displays the FCNB portal interface with a modal window titled "Add" for entering "Participating Employer Details". The background shows the portal's navigation menu with "Pension Plans" and "Standard Contracts", and a section titled "Annual Information" with a "12%" indicator. A table lists "ABC Employer" under the "Name" column. The modal form includes the following fields:

- Employer legal name ***: A text input field.
- Employer is ***: A dropdown menu.
- Main activity**: A text input field.
- Nature of the employer's business ***: A dropdown menu.
- Status ***: A dropdown menu with "Joined" selected.
- Date of joining (DD/MM/YYYY) ***: A date picker field.

At the bottom of the modal is a "Submit" button. The background also features a "PLEASE NOTE" box and a table for recording changes, with an "Add" button visible on the right.

Edit a participating employer

Update the required information and click 'Submit' to return to the previous page.

The screenshot shows the FCNB portal interface with a modal window titled "Edit Participating Employer Details". The background shows a sidebar with "Pension Plans" and "Standard Contracts", a breadcrumb "FCNB Portal Home / My Pension Plans", and a table of participating employers. The modal form contains the following fields:

- Main activity**: Text input with value "x".
- Nature of the employer's business ***: Dropdown menu with value "Other (please provide details)".
- Details ***: Text input with value "x".
- Status ***: Dropdown menu with value "Joined and withdrew".
- Date of joining (DD/MM/YYYY) ***: Date input with value "01/01/2016" and a calendar icon.
- Date of withdrawal (DD/MM/YYYY) ***: Date input with value "01/02/2016" and a calendar icon.
- Submit**: A blue button at the bottom of the modal.

The background table lists employers with columns for Name, Date of joining, and Date of withdrawal. Visible entries include "ABC Employer2" and "GHI Employer".

Plan membership

Provide details of the change in membership and click 'Next' to proceed.

Plan membership

Please provide details of the change in membership in the plan during the filing period, by completing fields B through G below. If there was no change for a particular field, please enter 0 (zero). For field G, please complete the description field which will appear after you enter a value greater than 0 in that field.

The number of active members at the end of the filing period will be calculated and displayed in field H below. Please confirm that this total is consistent with your records before proceeding to the next step.

A. Number of active members on the day preceding the first day of the filing period *

0

B. Number of persons who became members of the plan during the filing period *

1

Please enter the number of persons who ceased to be members of the plan during the filing period due to:

C. Termination of employment *

0

D. Retirement *

0

E. Death *

0

F. Withdrawal of a participating employer *

0

G. Other (please provide details) *

0

H. Number of active members of the plan on the last day of the filing period

(A+B-(C+D+E+F+G))

1

Previous

Next

Close

Persons entitled to or receiving a pension

Provide details of changes to the number of persons entitled to or receiving a pension and click 'Next' to proceed.

Persons entitled to or receiving a pension

Please provide details of changes in the number of members who were entitled to receive and who were receiving a pension under the plan during the filing period, by completing fields B and D below. After you enter these, the respective changes will be calculated and displayed in the respective "Change" fields. Please ensure these values are consistent with your records before proceeding to the next step.

Persons entitled to a deferred pension

A. Number of persons entitled to receive a deferred pension on the first day of the filing period *

0

B. Number of persons entitled to receive a deferred pension on the last day of the filing period *

0

Change

0

Persons receiving a pension

C. Number of persons receiving a pension on first day of the filing period *

0

D. Number of persons receiving a pension on last day of the filing period *

0

Change

0

Previous

Next

Close

Place of employment of active members

Provide details of where the active members were employed on the last day of the filing period.

Place of employment of active members

Please enter details of where your active members were employed [on the last day of the filing period](#).

Please note that a running total is maintained at the bottom of the screen. Once you have completed all fields, this number must be the same as the previously provided total number of active members on the last day of the filing period.

Please enter the number of members employed in each area as of the last day of the filing period

Newfoundland males *

0

Newfoundland females *

0

Prince Edward Island males *

0

Prince Edward Island females *

0

Nova Scotia males *

0

Nova Scotia females *

0

New Brunswick males *

0

New Brunswick females *

1

Quebec males *

0

Quebec females *

0

Ontario males *

0

Ontario females *

0

Manitoba males *

0

Manitoba females *

0

Saskatchewan males *

0

Saskatchewan females *

0

Alberta males *

0

Alberta females *

0

British Columbia males *

0

British Columbia females *

0

Yukon males *

0

Yukon females *

0

NWT males *

0

NWT females *

0

Nunavut males *

0

Nunavut females *

0

Outside Canada males *

0

Outside Canada females *

0

Total males *

0

Total females *

1

Total active members *

1

Number of active members on the last day of the filing period (from a previous step)

1

Previous

Next

Close

Normal cost and special payment considerations

Provide details of the member and employer contributions and click 'Next' to proceed.

Normal cost and special payment contributions

Please provide details of the member and employer contributions to the plan during the filing period. Please note that required fields are marked with a *. If a required field does not apply to you, please enter 0 (zero).

Summation fields D and G are provided for your assistance to help you ensure that the respective totals for both member and employer contributions are consistent with your records.

As a final step, you are asked to confirm that the contribution values entered are consistent with the your most recently filed Cost Certificate or Actuarial Valuation Report. If this is not the case, please leave the checkbox unchecked and enter an explanation for the deviation in the text field provided.

Member contributions

A. Required member contributions *

B. Additional voluntary contributions *

C. Other contributions made by members (please provide details) *

Details

D. Total member contributions (A+B+C)

0.00

Employer contributions

E. Employer contributions made excluding special payments and surplus money allocated *

F. Total special payments made with respect to an initial unfunded liability, experience deficiency, actuarial loss or solvency deficiency *

G. Net employer contributions (E+F)

0.00

H. Amount of surplus money applied to employer contributions *

Consistency with Actuarial Valuation Report or Cost Certificate

☐ The amounts entered above were calculated in accordance with the rate of contribution and any special payments contained in the Cost Certificate or Actuarial Valuation Report most recently filed with FCNB.

Explanation regarding a deviation *

Previous

Next

Close

Transfers, payments and earnings

Provide the amounts of any transfers, payments and earnings and click 'Next' to proceed.

Transfers, payments and earnings

Please provide the amounts of any funds transferred into or out of the plan, the total amount of benefits paid and any investment earnings (or losses) by the plan during the filing period.

Please enter 0 (zero) if there was no change during the filing period.

For the period covered by this filing, please enter the following:

A. Funds transferred into the plan from other pension plans *

B. Funds transferred from the plan to other pension plans *

C. Total amount of payments made with respect to benefits payable under the plan *

D. The net investment earnings (losses) of the plan as of the last day of the filing period *

Previous

Next

Close

Adjustments

Provide details of any adjustments made, if applicable, and click 'Next' to proceed.

Adjustments

Please provide details of any adjustments made to pensions or deferred pensions under the plan. If there were no adjustments, please check the checkbox below and proceed to the next step.

☐ For the period covered by this filing, no adjustments were made to pensions or deferred pensions

Adjustment details

Adjustments were made to: *

Adjustments were applied to former members and persons entitled to pensions (if Part, provide details) *

Adjustments were made (select all that apply):

- ☐ In accordance with the requirements of the plan for regular adjustments of benefits
- ☐ Under a collective agreement
- ☐ Voluntarily by the employer
- ☐ Other (please provide details)

Please specify the source of the funds used to make the adjustments *

Previous

Next

Close

Basis of calculation of adjustments

If you indicated on the previous page that adjustments were done on a basis other than as set out in the plan, you will be required to provide the basis upon which the adjustments were calculated and click 'Next' to proceed.

Basis of calculation of adjustments

You have indicated that adjustment calculations were done on a basis other than as set out in the plan.

Please select the basis upon which the adjustments were calculated from the drop down menu below.

Basis of calculation of adjustment *

Previous

Next

Close

Market and book value of assets

Enter the details of the market and book value of assets and cessation of contributions or benefits accrual, if applicable. Click 'Next' to proceed.

Market and book value of assets

Please provide details of the market and book values of the plan's assets at both the beginning and end of the filing period.

PLEASE NOTE: If there was a cessation of contributions or benefits accrual during the filing period, please provide the date of cessation and why this occurred. If there was no cessation, please check the corresponding checkbox below.

Market value of assets

The market value of the assets of the plan as of the beginning of the filing period was *

The market value of the assets of the plan as of the end of the filing period was *

Change

0.00

Book value of assets

The book value of the assets of the plan as of the beginning of the filing period was *

The book value of the assets of the plan as of the end of the filing period was *

Change

0.00

Cessation of contributions or benefits accrual

☐ There was no cessation of contributions or benefits accrual during the filing period

Effective date of cessation (DD/MM/YYYY) *

Date of final distribution (if applicable) (DD/MM/YYYY)

Reason for cessation *

Previous

Next

Close

Canada Revenue Agency Schedule

If applicable, provide the required information and click 'Next' to proceed.

Canada Revenue Agency Schedule

FCNB is required to collect certain information on behalf of the Canada Revenue Agency.

Please complete part A only if the plan is **neither** a specified multi-employer **nor** a multi-employer plan.

Please complete part B only if the plan is **not** a money purchase plan.

Part A (Complete only if plan is neither a specified multi-employer nor a multi-employer plan)

Number of active members who are "persons connected" with the employer

Did any members of this plan participate in any other registered pension plan (RPP) or deferred profit sharing plan (DPSP) provided by this plan employer?

☐ No ☐ Yes

Did any members of this plan participate in an RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor?

☐ No ☐ Yes

Have any "persons connected" joined or left the plan in the past year?

☐ No ☐ Yes

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

☐ No ☐ Yes

Part B (Complete only if plan is not a money purchase plan)

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

☐ No ☐ Yes

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

☐ No ☐ Yes

Actuarial liabilities from plan obligations

Date of actuarial liability assessment (DD/MM/YYYY)



Previous

Next

Close

Additional information

Provide any additional information with respect to this filing and click 'Next' to proceed.

Additional information

Please provide additional information which you feel will assist us in processing this filing, if any.

Additional information

Previous

Next

Close

Upload documents

Upload any documents supporting the filing and click 'Next' to proceed.

Upload documents

Please upload any documents relating to or supporting your filing or which may assist us in our review, if any.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

Additional documents

Validation and confirmation

Validate and confirm your filing and click 'Next' to proceed.

Validation and confirmation

You have completed the data entry and upload portion of this filing.

At this step you are asked to confirm the accuracy and completeness of the information provided. If necessary, please review your responses by using the "Previous" button.

- ☐ I confirm that I am authorized to make this filing on behalf of the pension plan and that the information provided in this filing is true and correct to the best of my knowledge and that no material information has been omitted.*

Fee summary

Select a method of payment and click 'Next'.

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

Please note:

- If you choose to pay online, you will be redirected to our payment processor and then redirected to this page, where you can download a Fee Summary for your records.
- If you choose to pay later, you will be able to download a Fee Summary on this page, immediately after clicking Next. **Please include a copy of the Fee Summary with your payment so it can be properly credited to your account.**

Fee summary

Description:	Fee
Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total Fee:	\$120.19

Payment Method:

- ☒ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

Previous

Next

Close

Fees and Payment

The total amount due for this application or filing, including any applicable late filing fee and/or interest, is set out below. You have the option to pay online or send in payment separately. Please select the manner in which you wish to pay, and click 'Next' to proceed.

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Fee Summary

Transaction ID: 170031386

Transaction date: 5/5/2017

Applicant: Theresa Hughes

Payment Method: I will send or deliver payment to FCNB separately

Payment status: Unpaid

Fee details:

Application / Renewal / Filing / Process fee:	\$100.00
Late Fee:	\$20.00
Interest Charged:	\$0.19
Total	\$120.19

[Download Fee Summary](#)

[Previous](#)

[Submit](#)

[Close](#)

Pension Plan Delegated Party

To add a delegated party, click the 'Add' button.

[FCNB Portal Home](#) / [My Pension Plans](#) / Pension Plan Details

Pension Plan Details

Best SR Plan

Plan Administrator: Joe Admin

[Edit Initial AVR or CC](#)[View Pension](#)

Delegated Parties

[Add](#)

[First name](#) ↑

[Last name](#)

[Email](#)

Related Filings

[Transaction ID](#)

[Type](#)

[Created on](#) ↑

[Status](#)

160100341

Actuarial Valuation Report Filing

03/03/2016 14:03 PM

Draft

Add a delegated party

Enter the name and email of the delegated party and select the type of delegated party. Click 'Submit' to save the delegated party information.

Pension Plan Delegated Party

Add a delegated party

A Pension Plan Administrator can authorize other parties to access the FCNB Portal on their behalf, for example, to perform certain filings such as an AIR or AVR.

If you wish to do so, please provide the required detail below and click 'Submit'.

Please be advised that the system will send the delegated party an email advising that you have identified them as a delegated party for this pension plan.

First name *

Last name *

Email *

Type of delegated party *

Submit

Close

Delegated parties

The delegated party now appears in the list of delegated parties. If you need to update the list of delegated parties, click on the First name link. To remove a delegated party please contact FCNB Pensions Division.

Pension Plan Details

Theresa Plan 5

Plan Administrator: Joe Admin

View Pension

Delegated Parties

Add

First name ↑

Last name

Email

Delegated

Party

th@delegatedparty.com

Edit a delegated party

Update the required information and click 'Submit' to save your changes.

Edit a delegated party

Please update the required detail for the delegated party below and click 'Submit'.

Please be advised that the system will send the delegated party an email advising that you have updated their contact information as a delegated party for this pension plan.

First name *

Delegated

Last name *

Party

Contact



Type of delegated party *

Other (please provide details)

Details *

x

Submit

Close