

# Form 3

## Summary of Contributions



**Use this form** for a pension plan registered in the Province of Nova Scotia only.

**Do not use this form** for a multi-employer pension plan established under a collective agreement, a trust agreement, a statute, or a municipal by-law.

### Who must complete this form?

The plan administrator.

### When must this form be completed?

This form must be completed by each of the following deadlines:

- 90 days after the plan is established for the **first fiscal year**

AND

- 60 days after the beginning of **each subsequent fiscal year** until the wind-up date

AND

- 60 days after the administrator becomes **aware of any change** in the summary of contributions

AND

- for any period **following the wind-up date** during which contributions are required, for example, to fund a deficit

### Who is to receive the completed form?

Each trustee of the pension fund must be given a completed form.

Do NOT leave any applicable parts of this form blank.

The trustee of a pension fund **MUST** be one of the following:

- a government
- an insurance company
- a trust corporation
- a corporate pension society
- 3 or more people appointed by a written trust agreement
- an entity under the Government Annuities Act (Canada)
- a board, agency, commission, or corporation made responsible by an Act of the Legislature for the administration of the pension fund
- any combination of the above

**1 ▶ Give plan information**

Name of plan: \_\_\_\_\_  
\_\_\_\_\_

Registration number: \_\_\_\_\_

**2 ▶ Give plan administrator's contact information**

If the administrator is a corporation, pension committee, or board, use the name of the corporation, committee, or board.

Name of administrator: \_\_\_\_\_

Name and title of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**3 ▶ Give trustee's contact information**

Add additional pages as needed.

Name of trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**4 ▶ Describe the plan**

**4A Are the employer's contributions to the plan set out in a collective agreement?**

Yes

No

**4B What type of plan is this?** Check all that apply.

Defined benefit

Defined contribution

Contributory

Non-contributory

Other: \_\_\_\_\_

**4C When did the plan come into effect?** (yyyy/mm/dd) \_\_\_\_\_

Note: A plan comes into effect on the date that benefits for current employees are first recognized by the plan.

**4D When does the plan's fiscal year begin?** (yyyy/mm/dd) \_\_\_\_\_

**When does the plan's fiscal year end?** (yyyy/mm/dd) \_\_\_\_\_

Note: The plan's fiscal year end is December 31<sup>st</sup> unless the plan sets a different date.

**4E Does the plan allow employees to make additional voluntary or optional contributions?**

Yes

No

**5 ▶ Give a summary of the plan's contributions**

**5A Check one of the boxes below and fill in the date where appropriate:**

The summary of contributions below is for the fiscal period identified in 4D.

This revised summary of contributions replaces the summary of contributions which was previously provided to the trustee of the pension fund dated (yyyy/mm/dd) \_\_\_\_\_

**5B Explain any material changes in contributions:**



**6 ▶ When do contributions have to be remitted to the fund?**

**6A Employee contributions** - required, voluntary, and optional  
Within 30 days following the month in which the sum was received or deducted

**6B Employer normal cost contributions**  
Within 30 days following the month for which contributions are payable

**6C Special payments**  
Within 30 days after the month for which special payments are payable

**7 ▶ Sign the certification**

**I declare** that I am  
the administrator of the plan  
an agent or representative of the administrator authorized to complete this summary,  
give it to the trustees, AND to give this certification

**I certify** that, to the best of my knowledge,

- The information in parts 1 through 5 of this form is true and accurate.
- The information in part 5 of this form is complete and the contributions listed are reasonable estimates.

<b>Signature:</b> _____ <b>Date (yyyy/mm/dd):</b> _____
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First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Position or title: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

*It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.*

*This form is approved by the Superintendent of Pensions under the Pension Benefits Act.*

**8 ▶ File this form**

Send this completed form to the trustees of the pension fund only.  
Do NOT send this form to the Department of Finance and Treasury Board, Pension Regulation Division.  
**Questions? Call 902-424-8915 or email [pensionreg@novascotia.ca](mailto:pensionreg@novascotia.ca)**