



ORG ID	
Policy Branch Public Service Pension Plan Pension Corporation PO Box 9460 Victoria, BC V8W 9V8	
Web pspp.pensionsbc.ca	
Victoria	250-387-8297
Fax	250-953-0424
Email	policy@pensionsbc.ca

Instructions

- Complete this form in as much detail as possible, attaching a separate sheet, if necessary, to fully answer the questions below.
- If your organization does not have a contact for one of the areas we request, or if one person is the contact for more than one area, please note that, and explain if necessary, on a separate sheet.
- The persons you list here could expect to receive communications or instructions from the Pension Corporation if and when your application for enrolment in the pension plan is accepted.
- Contact the Pension Corporation if you have any questions.

APPLICANT NAME		TITLE	
EMAIL		PHONE (include 10 digits)	
ORGANIZATION NAME		ORGANIZATION WEBSITE ADDRESS	
MAILING ADDRESS (include unit, if applicable)		CITY	PROVINCE POSTAL CODE
HUMAN RESOURCE CONTACT NAME		TITLE	
EMAIL		PHONE (include 10 digits)	
PAYROLL CONTACT NAME		TITLE	
EMAIL		PHONE (include 10 digits)	

1. What is the function or purpose of your organization?

2. List the date and detailed authority for the establishment of your organization, such as under statute, by order, through incorporation, or otherwise. Attach a copy of the legal authority under which your organization operates, such as the certificate of incorporation or registration as a company or society, order-in-council, letters patent, or relevant sections of legislation.

3. Describe the ownership or control of your organization, for example, who owns shares in the company.

**Return all pages to Policy Branch.
Keep a copy for your records.**

4. List the sources of your operating revenue, along with the approximate percentage (direct and indirect) received from each source. Attach a copy of your most recent financial statements. If you expect any material changes, please explain.

5. Explain the representation on, and the method of appointment to, your board of directors or governing authority.

6. Is this a not-for-profit organization? NO **OR** YES

7. Provide your CRA business number (first nine digits only). This is required for tax purposes:

8. Does your organization have Group Life Contract 6878GL(4) carried by Canada Life Assurance Company for employees?
 NO **OR** YES If yes, indicate at what level (e.g., 3 x \$80,000) (X _____)

9. Please indicate your requested enrollment effective date, and provide supporting rationale for your effective date in an additional document/letter.

YYYY-MM-DD

Note: If your organization is approved to join the plan retroactively, you will be required to pay retroactive contributions to the plan. You may also be required to collect retroactive contributions from your employees. See the plan website for further details.

10. How many potential plan members does your organization have? _____ What is their average age? _____

11. Does your organization currently have a registered pension plan?

NO **OR** YES, your employees may be eligible to purchase past service in the Public Service Pension Plan

By signing this form, you agree to the terms of participation in the Public Service Pension Plan effective from the date your application is approved by the board of trustees.

AUTHORIZED SIGNATORY NAME

SIGNATURE

DATE SIGNED
YYYY-MM-DD

AUTHORIZED SIGNATORY TITLE

PHONE (include 10 digits)

EMAIL ADDRESS

In order for your application to be processed, you must provide the following documents with this form:

- A copy of the authority under which your organization operates (certificate of incorporation or registration, order-in-council, or letters patent).
- A resolution of your board of directors or governing authority requesting enrolment.
- A copy of your most recent financial statements.

FOR PENSION CORPORATION USE ONLY

Policy analyst: Reviewed the application and supporting documentation, and is satisfied there is sufficient information for the board's consideration.

POLICY ANALYST NAME

POLICY ANALYST SIGNATURE

DATE SIGNED
YYYY-MM-DD

Freedom of Information and Protection of Privacy Act—The corporate information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the BC Pension Corporation to administer your enrolment and subsequent membership in the Public Service Pension Plan. If you have questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.