

**INSTRUCTIONS**

1. All applicable information must be provided
2. This information must be typewritten or printed
3. Upon completion, please forward this form and all attachments to:  
[pensions@bcfsa.ca](mailto:pensions@bcfsa.ca)

**Freedom of Information and Protection of Privacy Act (FOIPPA)** The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, and section 18 of the *Pensions Benefits Standards Act*. The information is collected for the purpose of administering the *Pensions Benefits Standards Act*. If you have any questions about the collection or use of this information, please contact the BC Financial Services Authority at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

**PART A - GENERAL INFORMATION – PLAN SPONSOR/ADMINISTRATOR**

Legal Name of Plan				
Plan Sponsor or Administrator				
Plan Administrator Contact If plan is trustee, Chair of the Board of Trustees (Required Information)	Name		Position or Title	
	Address			
	Phone		Email	
	Fax			

**PART B - DOCUMENT BEING AMENDED**

<input type="checkbox"/> Trust Agreement <input type="checkbox"/> Contract for insurance	<input type="checkbox"/> Summary provided to plan members <input type="checkbox"/> Collective Agreement <input type="checkbox"/> Other (Please describe):
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**PART C - NATURE OF AMENDMENT**

Please describe the nature of the changes.

**PART D - SECTIONS OF SUPPORTING PLAN DOCUMENT BEING AMENDED**

Please list the sections of the supporting plan document being amended.

**CERTIFICATION**

(Schedule 3, Form 7, B.C. Reg. 219/15)

**ADMINISTRATOR STATEMENT OF COMPLIANCE –  
AMENDMENT TO SUPPORTING PLAN DOCUMENT**

**WHEN TO USE THIS FORM**

*An administrator is required by section 26 (1) (b) of the Pension Benefits Standards Act (the "Act") to file a statement with a certified copy of a record setting out an amendment to a supporting plan document of a pension plan that , in the opinion of the administrator, the amendment complies with the Act and the regulations under the Act.*

I \_\_\_\_\_ [name of administrator], the administrator of \_\_\_\_\_, [name of pension plan], attach a certified copy of a record setting out an amendment dated \_\_\_\_\_ [MM/DD/YYYY], to a supporting plan document of the pension plan that bears British Columbia registration number \_\_\_\_\_, and CERTIFY THAT

1. It is my opinion that the amendment to the supporting plan document filed with this statement complies with the Act and the regulations.
2. I acknowledge that the obligation to determine compliance of the amendment filed with this statement is the responsibility of the administrator, and I declare that I have fulfilled that responsibility and, in making this application have complied with the Act and the regulations.
3. A summary of the changes made by the amendment and a list of the sections of the supporting plan document that have been amended are attached.

I declare that the above statements are true to the best of my knowledge and belief and I make these statements conscientiously believing them to be true.

DATED at \_\_\_\_\_, British Columbia, on \_\_\_\_\_ [MM/DD/YYYY]

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATOR OR AUTHORIZED OFFICER

\_\_\_\_\_  
[TYPE OR PRINT NAME]

NOTE: The administration of a pension plan in a manner that does not comply with the Act and the regulations may be subject to an administrative penalty under section 116 of the Act or may be an offence under section 123 of the Act. In addition, an administrator may be subject to a direction for compliance under section 113 of the Act issued by the superintendent relating to, among other matters, the manner of administration of a pension plan.