



Income Statistics Division
Census of Trusteed Pension Funds 2002

Confidential when completed; The data reported on this questionnaire are protected under the Statistics Act and will be treated in strict confidence, used for statistical purposes and published in aggregate form only.
Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. This is a mandatory survey.
TO RETURN COMPLETED QUESTIONNAIRE EITHER:

Respondent #: - -

Company Name:

Attention:

Address:

City:

Province/State:

Postal Code/Zip:

- Access the Statistics Canada Web site at <http://www.statcan.ca/edr-ced>
- Address your own envelope to:
Pensions and Wealth Surveys Section,
Income Statistics Division,
Statistics Canada, 120 Parkdale Ave.,
Ottawa, Ontario, K1A 0T6
- Fax: (613) 951-4296

(Note: Unencrypted data may be at risk of disclosure during the transmission process.)

- IF YOU HAVE QUESTIONS:**
- Call (613) 951-4092
 - E-mail: tpfc@stcinet.statcan.ca

For Statistics Canada Use ONLY:

Sector Type of Org.

Please complete and return the questionnaire by May 1, 2003

1. Does this organization operate, either by sponsoring or managing, the trusteed pension fund named at the top of this page?

- Yes - Please complete the remainder of the questionnaire and return it to Statistics Canada.
- No - Please elaborate

Fund closed Month: (MM) Year: (YY)

Fund is deposited in **total** with an insurance company under an insurance company contract

Other

Please provide your name (bottom of this page) and return the questionnaire to Statistics Canada.

2. If this pension plan participates in a master trust fund,

indicate the name of this master trust:

Please complete and return the questionnaire to Statistics Canada.

Note: If you have a form with Section C (Assets), the information requested in that section will be provided by the master trust.

3. If you are unable to provide us with the information required, please forward our questionnaire along with the appropriate instructions for completion to the appropriate trustee or administrator.

Name of person completing questionnaire

Telephone Extension

Email

Fax



SECTION A: ADMINISTRATIVE DATA

1. YEAR OF INAUGURATION OF THIS FUND (YYYY)

2. FUND FISCAL YEAR END (MMDD)

3. INVESTMENT DECISION made by (check one or more)

Note: If a committee is actively involved in directing the investments, indicate which of the following are represented on the committee.

- (a) Trustee(s)
- (b) Employer (includes investment staff of the employer and public sector funds whose investment is governed by legislation)
- (c) Outside investment counsel
- (d) Employee (plan members)
- (e) Other

4. INSURANCE COMPANY HOLDINGS

Is any of the money in this pension fund invested with or managed by an insurance company? (If part of a master trust, consider only money associated with this participant.)

Yes No
If yes, what is the amount involved? \$

5. MEMBERS COVERED

Note: Should be as of same time period as assets, preferably December 31

Indicate year end used: December 31, 2002 Other year end between April 1, 2002 and March 31, 2003

- (a) Number of employed plan members (including employees on temporary lay-off)
- (b) Number of additional persons having equity in the fund (e.g. retired persons receiving pension, persons who will receive deferred pension, etc.)

6. CONTRIBUTORY STATUS (for the majority of members)

Are the majority of members **required** to contribute to the pension fund? Yes No

7. TYPE OF PLAN (for the majority of employed members participating in the fund – check one only)

- (a) Defined benefit / flat benefit
- (b) Defined contribution (money purchase/profit sharing)
- (c) Combination of above or as selected by employee
- (d) Other

8. PLAN REGISTRATION NUMBER(S)* (of all plans included in this fund)

* Number used by Canada Customs and Revenue Agency. Also provide the number used by the provincial pension regulatory authority or the Office of the Superintendent of Financial Institutions (OSFI), if different from the Plan registration number.

SECTION B: FINANCIAL INFORMATION

PREVIOUS YEAR

9. Net book value of assets for the year end occurring between April 1, 2001 and March 31, 2002

\$ (omit cents)

CURRENT YEAR

Report for one year period ending December 31, 2002 if possible.

10. Year end used: December 31, 2002 Between April 1, 2002 and March 31, 2003

NOTE: Do not include any unrealized gains or losses.

11. Total receipts and gains (if this fund is a participant in a Master Trust and the total assets (at book value) for this fund are less than \$10 million, please provide details) 110 \$ (omit cents)

12. Total disbursements (if this fund is a participant in a Master Trust and the total assets (at book value) for this fund are less than \$10 million, please provide details) 210 \$ (omit cents)

	\$ (omit cents)	
	Book (cost) value	Market value
13. Total assets	380	