Income Statistics Division

Census of Trusted Pension Funds 2006

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 (22). This is a mandatory survey.

TO RETURN COMPLETED QUESTIONNAIRE EITHER:

- ➜ **Access the Statistics Canada Web site at http://www.statcan.ca/edr-ced**
- ➜ **Use enclosed postage paid envelope;**
- ➜ **Address your own envelope to:**
  Pensions and Wealth Surveys Section,
  Income Statistics Division,
  Statistics Canada, 120 Parkdale Ave.,
  Ottawa, Ontario, K1A 0T6
- ➜ **Fax to: (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@statcan.ca

Respondent #: ____ - ____ - ____

Company Name: ____

Attention: ____

Address: ____

City: ____

Province/State: ____

Postal Code/Zip: ____

(Please make any necessary changes in above name or mailing address; add the name of the fund if missing.)

For Office Use

Sector ____ **Type of Org.** ____

Please complete and return the questionnaire by May 1, 2007

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

For a definition of a trusteed pension fund, please refer to "Definitions" on the "Notes/Instructions".

- ☐ 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.

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 ____

Statistics Canada Statistique Canada

Canada

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, 2006 ○ Other year end between April 1, 2006 and March 31, 2007

(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 (CRA). 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, 2005 and March 31, 2006 — $ (omit cents) ____

CURRENT YEAR

Report for one year period ending December 31, 2006 if possible.

10. Year end used: ○ December 31, 2006 ○ Between April 1, 2006 and March 31, 2007

NOTE: Do not include any unrealized gains or losses.

11. Total receipts and gains (if this fund is a participant in a Master Trust, please provide name of master trust): ____ — **110** $ (omit cents) ____

12. Total disbursements and losses (if this fund is a participant in a Master Trust, please provide name of master trust): ____ — **210** $ (omit cents) ____

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