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

When do contributions have to be remitted to the fund?

Employee contributions (required, voluntary, and optional):

Within 30 days following the month in which the sum was received or deducted

Employer normal cost contributions:

Within 30 days following the month for which contributions are payable

Special payments:

Within 30 days after the month for which special payments are payable

Form 3 Summary of Contributions

Give plan information

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Name of the plan: Registration number: Policy number: 2 Plan year or period covered by this form: ____/____ ____/____/____ to day / month / year day/ month / year Is this an original form or an update for the same period? 3 Original Update If this is an update, please provide an explanation below for the change in contributions: 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: ______ Town or City: _____ Postal code: Email: _____ Phone number: Fax number: 5 Give trustee / custodian contact information Name of trustee / custodian: Address: _____ Town or City: ____ Email:_____ Postal code: Phone number: Fax number: What type of plan is this? 6 Defined Benefit (DB) Defined Contribution (DC) Combination (DB and DC)

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Other:____

7 Complete the summary of contributions

Note: "Estimated employee contributions" and "estimated employer contributions" should be reasonable estimates of contributions required to be remitted to the trustee/custodian of the pension fund as named in question 5. These estimates should be based on relevant information such as the following:

- · funding requirements specified in the current actuarial report
- anticipated payroll
- membership
- · number of hours worked

Estimates may take into account cyclical fluctuations in contributions or anticipated variations in contributions caused by unusual circumstances.

Summary of Contributions

Attach additional copies of this page as needed.

Contribution period	Estimated <u>employee</u> contributions		Estimated <u>employer</u> contributions		Total estimated required contributions
mm/dd - mm/dd	Required A	Voluntary or optional	Current Service Cost B	Special payments C	A+B+C

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Form 3 Summary of Contributions

8 Sign the certification

I declare that I am

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 an agent or representative of the administrator authorized to complete this summary, give it to the trustees, AND to give this certification

I confirm that, to the best of my knowledge, the information in this form is complete and accurate

•		
Signature:	Date (yyyy/mm/dd):	
First name:	Last name:	
Position or title:		
Company name:		

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 Nova Scotia Pension Benefits Act.

9 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? Email: pensionreg@novascotia.ca

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