Registered Pension Plan Annual Information Return

Instructions

As the **administrator*** of a registered pension plan (RPP), including a plan deemed to be registered, you must file a Form T244, Registered Pension Plan Annual Information Return, with the Canada Revenue Agency (CRA) within 180 days after the end of the plan's fiscal period, as required by paragraph 8409(1)(b) of the Income Tax Regulations.

The CRA has developed joint annual information returns with the provincial pension regulators and with the Office of the Superintendent of Financial Institutions (OSFI). If your pension plan is also registered with a provincial pension regulator or the OSFI, you must complete and file the joint annual information return with the provincial authority or the OSFI by the date specified by these regulators for the fiscal period. Do not file separately with the CRA.

If you need a copy of a joint annual information return, or if you have questions on the return that relate to provincial or OSFI pension benefits legislation, contact your provincial pension regulator or the OSFI.

You do not need to file an annual information return for an inactive plan in the years after the year the plan became inactive. For more information, see the Registered Pension Plans Directorate Newsletter No. 96-2, Waiving the requirement to file a Registered Pension Plan Annual Information Return for an inactive plan.

Send your completed form to the Registered Plans Directorate, Canada Revenue Agency, 875 Heron Rd, Ottawa, ON K1A 0L5. We will return an incomplete form. Make sure to give us all the information, including the seven digit CRA registration number, the date of the plan year-end and the number of months in the current reporting period. Answer all questions unless instructed otherwise.

If the return is filed late, filed incorrectly, or if it is not filed at all, the CRA can impose financial penalties under subsections 162(5) or 162(7) of the Income Tax Act and under subsection 147.1(11) of the Act, it can give notice of intent to revoke the registration of the plan.

If you need more information, contact the Registered Plans Directorate at 613-954-0419 or 1-800-267-3100.

*Throughout the form, words in bold and marked with an asterisk are part of a glossary available at canada.ca/registered-plans-administrators.



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Agence du revenu du Canada

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(Please print or type

(Flease print or type)							
Section 1 – Plan identifica	ation						
Registration number Enter the seven-digit registration number assigned by the Canada Revenue Ager This number starts with zero or one		ncy.	Plan type Defined ben Money purc	hase*	Number of months in reporting per	l	Plan year-end (Year-Month-Day)
Plan name							
Plan administrator							
Address							
City		Province/Territory Pos		Posta	tal code Tele		phone number
Business number	Contact (individual to whom we can direct ge	neral enquiries)				
Location of books and records, sar	ne as above , or:						
Address							
City		Province/Territory			Postal code		
Section 2 – Financial data	for the plan's fiscal year						
Report amounts to the nearest dol	lar.						
Employer contributions The total amount of current service	e and past-service contributions						1
Employee contributions The total amount of current service, past-service and voluntary contributions							2
Transfers received Total amount transferred in from other plans							3
Net investment earnings (losses) If amount is a loss, enclose the amount in brackets							4
Payment of benefits The total amount of benefits paid						5	
Transfers out Total amount of all transfers to oth							
Market/Book value of assets at t Market value of assets at the begin (for public sector plans only, give to		ole)					7
Market/Book value of assets at t Market value of assets at the end of (for public sector plans only, give to		ole)					8
Actuarial liabilities resulting from							
Date of the last calculation of actus	ment (year-month-day)						10



		Total B which completed				
Section 3 – Pension plan fund						
(a) During or before the plan year, had all benefit accruals and current service c	ontributions stopped?	Yes No				
If yes, enter the date the accruals or the contributions stopped	Year Month Day					
(b) By the end of the plan year, were all funds paid out of the plan?		Yes No				
If yes, enter the date the last of the funds were paid out	Year Month Day					
If the answer is yes to (a) or (b), go to section 11.		real Month Day				
Section 4 – Active members						
(a) How many employees were active members* at plan year-end?	persons* with the employer?					
Section 5 – Participating employers						
How many employers participated in the plan at plan year-end? For specified multi-employer plans* , go to section 11. For multi-employer pl	ans*, go to section 9. For other plans, continue with	th section 6.				
Section 6 – Member information						
Did any member of this plan participate:						
• in any other registered pension plan or deferred profit sharing plan offered by a participating employer of this plan?						
in a registered pension plan or deferred profit sharing plan offered by any oth with a participating employer of this plan?	Yes No					
Section 7 – Connected persons*						
Have any connected persons joined or left the plan in the plan year?	Yes No					
Section 8 – Corporation control						
In the plan year, has a person or group acquired control of the corporation that is a participating employer of the pension plan?						
For a money purchase plan, go to section 11.						
Section 9 – Post-1989 past-service benefits						
Did any plan member buy-back post-1989 past-service benefits in the plan year	Yes No					
Section 10 – Pre-1992 past-service benefits						
Did any plan member who is a connected person buy-back pre-1992 past-service	Yes No					
Section 11 – Certification						
Complete and sign this section. This testifies to the accuracy of the information	given and that the plan is administered in accordar	nce with the Income Tax Act.				
As an authorized representative* of the administrator of the pension plan,						
I,, certify that the ir (please print)	nformation given on this form is, to the best of my k	knowledge, correct and				
complete. I also certify that, to the best of my knowledge, the plan complies with of the Income Tax Act, and the related Income Tax Regulations.	and is being administered according to sections 1	47.1, 147.2, 147.3 and 147.4				
Bully Bully						
Date Signature of authorized person	Title	Telephone number				

Personal information is collected under the authority of section 147.1 of the Income Tax Act and is used for the administration of a registered pension plan. It may also be used for any purpose related to the administration or enforcement of the Act such as audit and compliance. Information may also be shared or verified under information-sharing agreements to the extent authorized by law. Failure to provide complete or accurate information may result in administrative delays, or a refusal to register the plan. Under the Privacy Act, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source canada.ca/cra-info-source, Personal Information Bank CRA PPU 226.

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