Pooled Registered Pension Plan Amendment Information

The administrator of a pooled registered pension plan must complete this form when requesting acceptance of an amendment to a pooled registered pension plan under subsection 147.5(7) of the *Income Tax Act* (ITA).

All questions on the form must be answered unless instructed otherwise. Incomplete forms will be returned to the submitter by the Canada Revenue Agency (CRA).

Send a copy of this document, together with a certified copy of the amendment, the plan, or any document that creates or supports the plan, to the CRA at the address below no later than 60 days from the date on which the amendment was made. Please ensure that all documents that are related to the amendment are included

Canada Revenue Agency

Registered Plans Directorate Ottawa, ON K1A 0L5

For more information about the terms used in this form, visit our website at **www.cra.gc.ca/rpd** or call us at:

In the Ottawa area: 613-954-0419 Elsewhere in Canada: 1-800-267-3100

Facsimile: 613-954-0199

(Please print or type)				
Section 1 – Plan Information				
CRA registration number				
Name of the Plan				
Section 2 – Amendment identification				
Effective date of amendment (YYYY-MM-DD)	Amendment number (if applicable)			
Section 3 – Amendment details				
Is this amendment the result of revisions to:				
the Income Tax Act?		Yes	☐ No	
the Pooled Registered Pension Plan Act or a similar law of a province?		Yes	☐ No	
the funding media?		Yes	☐ No	
the administrator information?		Yes	☐ No	
the contribution rates?		Yes	☐ No	
If yes, which? (check all that apply)		Employers	Members	
Other (please specify)		-		
This amendment applies to (check):	All members	New entrants	Other	
Have the members been notified of the amendment?		Yes	☐ No	
Section 4 – Termination of Plan			_	
Has the plan become inactive? If no, go to section 5		Yes	No	
When did all members stop contributing to the plan?				
Have all the funds been paid out of the plan? If no, go to section 5			☐ No	
When were the last funds paid out of the plan?				
How will the funds be paid from the plan? (check all that apply):				
Annuity purchase Transfers under section 14	7.5 of the ITA Cash payment			



Section 5 – Certification		
As an authorized officer of the administrator of the pooled registered	pension plan,	
,, certify that:		
(Please print the name of the authorized officer of the Plan Administr	ator)	
(a) the information given on this document is, to the best of my know	ledge, correct and complete;	
(b) to the best of my knowledge, the plan as amended, including all documents that create and support the plan, complies with section 147.5 of the ITA;		
and I acknowledge that:		
(c) the information collected on this document will be used for the purposes of regulating the plan pursuant to the ITA, which is administered by the CRA and shared with Statistics Canada, pursuant to separate agreements; and		
(d) the information provided on this document will be subject to the Access to Information Act and the Privacy Act.		
Signature of authorized officer	Date	
Position of authorized officer	Telephone of authorized officer	

Personal information is collected under the authority of section 147.5 of the ITA and is used for the registration and administration of a pooled registered pension plan. Information may also be disclosed under information-sharing agreements in accordance with the corresponding Acts. Incomplete or inaccurate information may result in a delay or a refusal to accept the amendment.

Information and other uses are described in personal information bank CRA PPU 226, and in the CRA chapter of *Info Source* at **www.infosource.gc.ca**. Personal information is protected under the *Privacy Act* and individuals have a right of protection, access to, and correction or notation of their personal information. Details regarding requests for personal information at the CRA and our Info Source chapter can be found at **www.cra-arc.gc.ca/atip.**