



APPLICATION FOR REGISTRATION AS A DEFERRED PROFIT SHARING PLAN

- The plan sponsor must fully complete this form when requesting registration of a deferred profit sharing plan in accordance with section 147 of the *Income Tax Act*.
- Only one application form should be completed, regardless of the number of participating employers.
- Both the plan sponsor and the trustee must sign this application.
- Do not use this form when submitting an amendment to the plan text or trust agreement or when adding a participating employer to a previously registered plan.
- Where a Business Number is required, enter only the first 9 digits of the account number.

Send the documents by registered mail to: Canada Revenue Agency, Registered Plans Directorate, Ottawa ON K1A 0L5.

Throughout the form, certain words have been linked to a glossary. You can also obtain more information from the **Information Circular 77-1R5, Deferred Profit Sharing Plans**, or by calling us at 613-954-0419 or 1-800-267-3100.

Section 1 – Name of the deferred profit sharing plan	
Enter the official name of the plan as shown in the plan documents	

Section 2 – Plan sponsor Note: The plan sponsor must be a participating employer		
Name		
Address		
City	Province	Postal code
Telephone number	Business Number (BN)	
Contact	Telephone number	
Language of correspondence	Employer's fiscal year end	
<input type="checkbox"/> English <input type="checkbox"/> French	<div style="display: flex; justify-content: space-around;"> M D </div>	

Section 3 – Participating employers		
Indicate the number of participating employers in the plan	Provide the name, mailing address, and Business Number of each participating employer if not already identified in Section 2 above. Attach a separate sheet if necessary, using the same format.	
Name		
Address		
City	Province	Postal code
Telephone number	Business Number (BN)	
Contact	Telephone number	
Language of correspondence	Employer's fiscal year end	
<input type="checkbox"/> English <input type="checkbox"/> French	<div style="display: flex; justify-content: space-around;"> M D </div>	

Name		
Address		
City	Province	Postal code
Telephone number	Business Number (BN)	
Contact	Telephone number	
Language of correspondence	Employer's fiscal year end	
<input type="checkbox"/> English <input type="checkbox"/> French	<div style="display: flex; justify-content: space-around;"> M D </div>	

Name		
Address		
City	Province	Postal code
Telephone number	Business Number (BN)	
Contact	Telephone number	
Language of correspondence	Employer's fiscal year end	
<input type="checkbox"/> English <input type="checkbox"/> French	<div style="display: flex; justify-content: space-around;"> M D </div>	

Section 4 – Effective date of registration (check one)		
<input type="checkbox"/> Date of mailing, as indicated by the post office postmark	OR <input type="checkbox"/> A later date as specified:	Do not use this area
	<div style="display: flex; justify-content: space-around; margin-top: 5px;"> Year Month Day </div>	

Section 5 – Employee information

Indicate the total number of employees that are expected to be members of the plan in the first year

Will any members of this plan accrue benefits, make contributions or have contributions made on their behalf simultaneously under another deferred profit sharing plan or registered pension plan of the same employer, or another employer that does not deal at arm's length with the employer? Yes No

If "yes", provide the name and registration number of any such plans:

Plan name	Registration number

(Attach a separate sheet if necessary, using the same format.)

Section 6 – Trustee information

Name of the trustee (in the case of individual trustees, identify the trustee to whom correspondence should be directed)

Address

City	Province	Postal code	Telephone number

Mailing address of the books and records of the trust (if different from above)

City	Province	Postal code

Name of second individual trustee (if applicable) Is this trustee resident in Canada? Yes No

Name of third individual trustee (if applicable) Is this trustee resident in Canada? Yes No

Section 7 – Plans based on an approved specimen

Complete this section only if the plan text and corresponding trust agreement you are sending us for registration is based on an approved specimen.

You do not need to send us a copy of any document that conforms to an approved specimen. However, you must send us a copy of the plan text and trust agreement if either the plan text or trust agreement is amended in such a way that it no longer conforms to the approved specimen.

The certification must be completed by the authorized representative of the company that obtained approval of the specimen plan.

I certify that, except for the details of the permitted variable(s) submitted with the application, the plan text and the trust agreement conform in all respects to the specimen numbered: _____ (specimen identification number)

Name of the company that secured the approval of the specimen	Name of authorized representative (please print)

Date Signature Title Telephone number

Section 8 – Authorized correspondent

Name the firm (such as a pension benefits consultant) with whom we are authorized to correspond concerning this deferred profit sharing plan, if any.

Name of firm

Address

City	Province	Postal code

Telephone number

Contact	Telephone number	Ext.

Language of correspondence English French

Section 9 – Documents attached

- A plan text is not required if it conforms to an approved specimen.
- A trust agreement is not required if it conforms to an approved specimen.
- A certified copy of the resolution of the directors authorizing the application is only required to be submitted by an incorporated plan sponsor and any incorporated participating employers.

Plan text Trust agreement Permitted variable(s) (if any) from the specimen plan Certified copy of the resolution of the directors authorizing the application

Other documents (itemize) _____

Section 10 – Certification

As a duly authorized signing representative of the plan sponsor of this deferred profit sharing plan, I, _____ (please print)

certify that the information given on and attached to this application is, to the best of my knowledge, correct and complete. I also certify that, to the best of my knowledge, the plan will comply with and will be administered according to section 147 of the *Income Tax Act*, and in particular, the plan text contains terms that comply with subsections 147(1), 147(2), 147(5.1) and 147(16) of the *Income Tax Act*, and where copies of documents are attached, they are **true copies of the originals**.

Date Signature Title Telephone number

I request that the plan identified herein be registered as a deferred profit sharing plan.

Name of the authorized representative of the plan sponsor (please print)	Signature of the authorized representative of the plan sponsor	Year	Month	Day

Name of trustee or authorized representative of trust company (please print)	Signature of trustee or authorized representative of trust company	Year	Month	Day