

APPLICATION FOR AUTHORIZATION TO ACT AS ADMINISTRATOR OF A VOLUNTARY RETIREMENT SAVINGS PLAN



**AUTORITÉ
DES MARCHÉS
FINANCIERS**

Section 3

QUESTIONNAIRE

Please answer the following questions.

Question	Yes/No	Comments
Do you administer a retirement plan? If so, indicate the name of each plan, its registration number, or any other identifier, and the number of members.	Yes No	
Has a regulator in Canada refused to register one or more of your plans? If so, indicate the reasons for the refusal.	Yes No N/A	
Has a regulator in Canada assumed receivership of any of your plans, or suspended or revoked the licence or registration of any of your plans? If so, indicate the reasons for the receivership, suspension or revocation.	Yes No N/A	
Have you filed a licence application for a Pooled Registered Pension Plan (PRPP) with the Office of the Superintendent of Financial Institutions (OSFI)?	Yes No	

Section 4

DECLARATION AND ATTESTATION

As the applicant's authorized representative,* I hereby confirm that:

- the information and documents provided in support of this application are complete and true;
- the applicant complies with the laws and regulations governing its activities;
- the amount by which the applicant's assets exceed its liabilities is at least equal to \$1,000,000.

First name and last name:

DATE : 00 00 0000
 Day Month Year

*An authorized representative is a person duly appointed by the applicant.

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Please ensure that the supporting documents attached to your application contain all the required information. Applications will be reviewed once the form, all supporting documents and payment of the applicable fees and costs have been received by the AMF. For further information, please consult the Guide.