

## APPLICATION FOR SOLVENCY MORATORIUM

### 1. PLAN IDENTIFICATION

A. Plan Legal Name: \_\_\_\_\_

Registration Number: PO\_\_\_\_\_

B. Chair of the Board of Trustees:

Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Courier Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

C. Primary Industry of Participating Employers: \_\_\_\_\_

### 2. FUNDED STATUS

A. Date of most recent Actuarial Valuation Report: \_\_\_\_\_

B. Dates for which Moratorium is sought: \_\_\_\_\_ to \_\_\_\_\_

**GOING CONCERN BASIS**

Actuarial Value of Assets: \_\_\_\_\_

Actuarial Liabilities: \_\_\_\_\_

Active Members \_\_\_\_\_

Deferred Vested \_\_\_\_\_

Members \_\_\_\_\_

Retirees and \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Total Liabilities \_\_\_\_\_

Surplus (Unfunded Liability)

**SOLVENCY BASIS**

Market Value of Assets \_\_\_\_\_

Solvency Liabilities \_\_\_\_\_

Active Members \_\_\_\_\_

Deferred Vested Members \_\_\_\_\_

Retirees and Beneficiaries \_\_\_\_\_

Total Solvency Liabilities \_\_\_\_\_

Solvency Asset Adjustment \_\_\_\_\_

Surplus (Solvency Deficiency)

### 3. AMORTIZATION REQUIREMENTS (WITHOUT CONSIDERATION OF MORATORIUM)

**SET OUT ADDITIONAL SCHEDULES OF PAYMENT ON A SEPARATE PAGE, IF NECESSARY**

**A. Existing Unfunded Liability Payments:**

Date Originally Established	Original Amount	Remaining Amount	Annual Payment	Date of Last Payment

**B. Existing Solvency Deficiency Payments:**

Date Originally Established	Original Amount	Remaining Amount	Annual Payment	Date of Last Payment

**4. REVISED AMORTIZATION REQUIREMENTS (INCLUDING CONSIDERATION OF MORATORIUM)  
SET OUT ADDITIONAL SCHEDULES ON A SEPARATE PAGE, IF NECESSARY**

Existing Unfunded Liability Payments:

**Schedule must be a period that is the lesser of 10 years and the period remaining in the original amortization schedule.**

Date Originally Established	Original Amount	Remaining Amount	Revised Annual Payment	Date of Last Payment

**5. CONTRIBUTIONS**

**NEGOTIATED CONTRIBUTION RATE - EMPLOYER (\$/HOUR OR % OF PAY):** \_\_\_\_\_  
**NEGOTIATED CONTRIBUTION RATE – EMPLOYEE (\$/HOUR OR % OF PAY):** \_\_\_\_\_  
**TOTAL CONTRIBUTION RATE:** \_\_\_\_\_  
**CURRENT SERVICE COST (FROM MOST RECENT VALUATION) (\$/HOUR OR % OF PAY):** \_\_\_\_\_  
**EXPENSES (IF NOT INCLUDED IN CURRENT SERVICE COST) (\$/HOUR OR % OF PAY):** \_\_\_\_\_  
**UNFUNDED LIABILITY PAYMENTS (\$/HOUR) (AS PER SECTION 4, ABOVE):** \_\_\_\_\_  
**TOTAL CONTRIBUTION REQUIREMENTS:** \_\_\_\_\_  
**EXCESS (SHORTFALL):** \_\_\_\_\_

**CERTIFICATION**

I \_\_\_\_\_, the Chair of the Board of Trustees of \_\_\_\_\_, attach an application for a solvency moratorium pursuant to Schedule 1.1 of the Pension Benefits Standards Regulation, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, for the pension plan bearing the British Columbia registration number \_\_\_\_\_, **CERTIFY AS FOLLOWS:**

I declare the information set out herein is taken from the Actuarial Valuation Report prepared as at \_\_\_\_\_ and accurately reflects the information determined by the actuary, \_\_\_\_\_, in said report.

DATED at the City of \_\_\_\_\_, this \_\_\_\_\_day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Chair of the Board of Trustees

\_\_\_\_\_  
Name of Chair of the Board of Trustees (printed)