



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.
For more information, see Information Circular 77-1R5, *Deferred Profit Sharing Plans*, or call 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				
Contact	Telephone number				
Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Employer's fiscal year end <table style="display: inline-table; border: none;"><tr><td style="border: none;">Month</td><td style="border: none;">Day</td></tr><tr><td style="border: none;"> _ </td><td style="border: none;"> _ </td></tr></table>	Month	Day	_	_
Month	Day				
_	_				

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				
Contact	Telephone number				
Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Employer's fiscal year end <table style="display: inline-table; border: none;"><tr><td style="border: none;">Month</td><td style="border: none;">Day</td></tr><tr><td style="border: none;"> _ </td><td style="border: none;"> _ </td></tr></table>	Month	Day	_	_
Month	Day				
_	_				

Name					
Address					
City	Province				
Postal code					
Telephone number	Business number				
Contact	Telephone number				
Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Employer's fiscal year end <table style="display: inline-table; border: none;"><tr><td style="border: none;">Month</td><td style="border: none;">Day</td></tr><tr><td style="border: none;"> _ </td><td style="border: none;"> _ </td></tr></table>	Month	Day	_	_
Month	Day				
_	_				

Section 4 – Effective date of registration (check one)							
<input type="checkbox"/> Date of mailing, as indicated by the post office postmark	<input type="checkbox"/> A later date as specified: <table style="display: inline-table; border: none;"><tr><td style="border: none;">Year</td><td style="border: none;">Month</td><td style="border: none;">Day</td></tr><tr><td style="border: none;"> _ </td><td style="border: none;"> _ </td><td style="border: none;"> _ </td></tr></table>	Year	Month	Day	_	_	_
Year	Month	Day					
_	_	_					

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of third individual trustee (if applicable)		Is this trustee resident in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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		<input type="checkbox"/> English	<input type="checkbox"/> French

Section 9 – Documents attached			
<ul style="list-style-type: none"> 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. 			
<input type="checkbox"/> Plan text	<input type="checkbox"/> Trust agreement	<input type="checkbox"/> Permitted variable(s) (if any) from the specimen plan	<input type="checkbox"/> Certified copy of the resolution of the directors authorizing the application
<input type="checkbox"/> Other documents (itemize) _____			

Section 10 – Certification			
I request that the plan identified herein be registered as a deferred profit sharing plan and 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 <i>Income Tax Act</i> , and in particular, the plan text contains terms that comply with subsections 147(1), 147(2), 147(5.1) and 147(16) of the <i>Income Tax Act</i> , and where copies of documents are attached, they are true copies of the originals .			
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

Personal information is collected under the authority of section 147 of the *Income Tax Act* and is used for the administration of a deferred profit sharing 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 www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 226.