

Certificate of compliance

of an employer participating in the Industrial Alliance
Group Simplified Pension Plan (hereafter the "Plan")



GROUP
SAVINGS AND
RETIREMENT

Retraite Québec Registration Number : 39992

PART I – DECLARATION REGARDING PLAN PROVISIONS

I, the undersigned, affirm that to my knowledge, the information and statements contained herein are

1. I am a duly authorized representative of the contract holder participating in the Plan.
2. As at _____, I am aware of the specific provisions applicable to the employer as stated in section 50 of the *Summary of Features applicable to your Plan*.
3. The employer is required to offer the Plan to all eligible employees and to enrol them once the enrolment conditions have been met.
4. The employer respects the Plan rules in accordance with the provisions of section 50, specifically:
 - a. **All eligible employees have enrolled in the Plan** in compliance with the eligibility criteria (optional or mandatory) and in compliance with the minimum requirements pursuant to the *Supplemental Pension Plans Act* (hereinafter the "Act");

Minimum enrolment requirements: An eligible employee can enrol in the Plan on January 1st or, if the Plan is optional, as of January 1st following the calendar year in which the employee has worked at least 700 hours for the employer or if the employee has received remuneration equal to at least 35% of the Year's Maximum Pensionable Earnings established for the previous year.
 - b. **The Plan is offered to full-time and to part-time employees** and the eligibility criteria do not exclude employees performing work similar or identical to work performed by members belonging to the category of employees to which the Plan applies;
 - c. **Contribution rates paid into the Plan correspond to the rates indicated in section 50**, in compliance with the pensionable earnings of members.
5. The employer has provided the *Industrial Alliance Group Simplified Pension Plan Summary* to all eligible employees within 90 days of their eligibility date.
6. The employer has informed iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.) when an employee terminates his or her employment.
7. The employer has informed iA Financial Group of any changes that may affect the Plan. Moreover, as at the date of this Certificate of Compliance, the employer confirms that no changes are required to the Plan. If changes are required, these changes are identified below.

***iA Financial Group may perform random audits in order to ensure that the employer has met the obligations imposed under the Plan, specifically those identified in points 3 to 5 above. **iA Financial Group has the right to request any and all evidence deemed necessary in order to meet these obligations and the employer must provide the said evidence without delay.**

PART II – SPECIFICATIONS REGARDING CONNECTED PERSONS

Please answer the questions below and provide the requested information, where applicable.

1. Will connected persons*, as defined below, be participating in this SPP?

- Yes. Please indicate the number: _____
- No

* A person is **connected with the employer** when he meets one of the following conditions:

- *he owns, directly or indirectly, at least 10% of the issued shares of any class of shares of the employer or of a related company;*
- *he does not deal at arm's length with the employer (e.g. spouse, brother, sister, child, grandchild, father, mother);*
- *he is a specified shareholder of the employer according to the definition provided in subsection 248(1)d) of the Income Tax Act.*

IMPORTANT NOTICE

You are required to complete a Connected Persons Information Return (T1007) and file it with the Canada Revenue Agency (CRA) within the prescribed time otherwise you will be subject to **late filing penalties** imposed by the CRA.

2. Will the employer participate in another registered pension plan (RPP) or another deferred profit-sharing plan (DPSP) offered by you or by another employer with whom you do not deal at arm's length?

- Yes (indicate below the registration number of all plans)
- No

Registration number: _____

Declarations and Signature:

- I hereby agree to calculate and declare a PA amount each year for each member.
- I declared that I have completed form T1007, Connected Person Information Return, and sent it to the Canada Revenue Agency (CRA) within 60 days after the connected person joined the SPP.
- I hereby certify that the information provided in this form is true and complete to the best of my knowledge.

SIGNATURE FOR PARTS I AND II

Contract number: 15120CM-001 - CPIEPQ Employer name: _____

Signed on _____ at _____

Name of duly authorized representative of
the contract holder (in block letters)

Signature

If the authorized representative of the contract holder has changed, indicate the change of date:

IMPORTANT: If the authorized representative of the contract holder has changed, **please provide a resolution.**

Changes to the Plan

If you wish to make changes to the Plan, please complete and return the Change request to section 50 form.

This form is available in **My Client Space**:

- Go to ia.ca/myaccount
- Enter your access code and password, and click on "Sign In"
- On the homepage enter the name of the form in the search window (the official name of the form is **Change request to Section 50**).

The PDF form will show to the right under Document list.

INVESTED IN YOU.