



Law Firm/Professional Corporation (PC) Application for DBplus

A. Firm information						
Firm/PC legal name		Date firm wa	Date firm was created			
Jurisdiction in which firm operates						
☐ Federal ☐ Provincial ☐ Indicate province						
Other						
FIRM CONTACT INFORMATION						
Last name	First name	Job title				
Street number and name	City/town	Province	Postal code			
Telephone number	Email address					
B. Current plan information						
If the firm has an existing retirement savings plan, indicate the type (check all that apply)	☐ Defined Contribution Pension (DC☐ Group Registered Savings Plan (F		□ Defined Benefit Pension (DB)□ Deferred Profit Sharing Plan (DPSP)			
C. Employee information						
Number of full-time active employees	Average age of ac	tive employee population	n			
List the status and number of employees other maternity leave, etc.)	than regular full-time employees (e.g.	part-time, on leave, on d	lisability,			
Employee status	Number of emplo	yees				
D. Additional information about join	ing the DBplus plan					
When do you anticipate launching DBplus and I	eginning contributions?					
☐ As soon as possible ☐ Within 3 months ☐	I Within 6 months ☐ Within one year	☐ Over a year				
Provide a specific desired launch date	•	•				

Select the desired contribution rate between 5% - 9%	%	0					
Enter the employer and employee matching contribution r	ate						
Legal employee% Non-legal employee	9	0					
Other (please describe)					Contribution rate%		
Will any class of employee be excluded from participating	in DBplus?	,					
☐ Yes ☐ No							
If yes, which class of employee will be excluded? $\ \ \Box$ Legal	employee	☐ Non-leg	al employee	☐ Other			
Note: All full-time employees of a given class must join. Exc	ception may	apply if em	ployees are pa	rt of a bargai	ning group.		
CONTRIBUTION RATE PHASE-IN							
The Contribution Rate Phase-In allows the contributions to (noted above) is reached. Once reached, the contribution rat				ase each year	until the desi	red rate	
Indicate whether there will be a contribution phase-in							
$\hfill \Box$ Yes, one or more classes of employees will have a contri	bution phas	se-in					
lacksquare No, there will not be a contribution phase-in							
If yes, check the appropriate box to indicate the starting co	ontribution	rate betwee	en 3% - 8%				
Class of employee	3%	4%	5%	6%	7 %	8%	
Legal employee							
Non-legal employee							
Other(please describe)							
The annual increase of participating employer and employe the beginning of each calendar year until the desired rate is must match. Please select the annual percentage increase (until the de	achieved. I	Note that as	always, the er				
□ 0.5% □ 1.0% □ 1.5% □ 2.0% Other			·				
	_ 70						
E. Additional documents							
A Participation Agreement will be signed between the employee The following documents may also be required:	ployer and	the CAAT Pe	ension Plan.				
• Copy of financial statements • Business credit report	(if applicab	le)					
Signature		Date					
Print name		Title			Telephone number		

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www.dbplus.ca CAAT Pension Plan www.lawyersfinancial.ca/pension CBIA / Lawyers Financial Tel: 416.221.4119 Toll-free: 1.800.267.2242