

Law Firm/Professional Corporation (PC) Application for DBplus

A. Firm information

Firm/PC legal name _____ Date firm was created _____

Jurisdiction governing employment of employees

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)

<input type="checkbox"/> Defined Contribution Pension (DC)	<input type="checkbox"/> Defined Benefit Pension (DB)
<input type="checkbox"/> Group Registered Savings Plan (RRSP)	<input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)

C. Employee information

Total number of employees joining the Plan _____ Average age of employee population joining the Plan _____

List the status and number of employees joining the plan.

Employee status	Number of employees
Full-time	_____
Part-time/Contract	_____
On leave	_____

D. Additional information about joining the DBplus plan

When do you anticipate launching DBplus and beginning contributions?

As soon as possible Within 3 months Within 6 months Within one year Over a year

Provide a specific desired launch date _____

Select the desired contribution rate between 5% - 9% _____ %

Enter the employer and employee matching contribution rate

Legal employee _____% Non-legal employee _____%

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? Legal employee Non-legal employee Other

Note: All full-time employees of a given class must join. Exception may apply if employees are part of a bargaining group.

CONTRIBUTION RATE PHASE-IN

The Contribution Rate Phase-In allows the contributions to start at a lower percentage and increase each year (on January 1st) until the desired rate (noted above) is reached. Once reached, the contribution rate remains consistent from there on.

Indicate whether there will be a contribution phase-in

Yes, one or more classes of employees will have a contribution phase-in

No, there will not be a contribution phase-in

If yes, check the appropriate box to indicate the starting contribution rate between 3% - 8%

Class of employee	3%	4%	5%	6%	7%	8%
Legal employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-legal employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The annual increase of participating employer and employee contributions during the contribution phase-in periods will take effect at the beginning of each calendar year until the desired rate is achieved. Note that as always, the employee and employer contributions must match.

Please select the annual percentage increase (until the desired contribution rate is achieved)

0.5% 1.0% 1.5% 2.0% Other _____%

E. Additional documents

A Participation Agreement will be signed between the employer and the CAAT Pension Plan.

The following documents may also be required:

- Copy of financial statements
- Business credit report (if applicable)

Signature

Date

Print name

Title

Telephone number

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