

Office of the Superintendent
Pension Commission
1004 - 401 York Avenue
Winnipeg, MB R3C 0P8



Fax: (204) 948-2375

ANNUAL INFORMATION RETURN

Please return the signed form, together with a remittance for the appropriate



Section 2 – PLAN SPONSOR

Employer's Name (If more than one participating employer in the plan complete Appendix 2)	THE UNIVERSITY OF WINNIPEG
Mailing Address	HUMAN RESOURCES UNIVERSITY OF WPG. 515 PORTAGE AVE. WPG. MB R3B 2E9

Section 4 - CONTRIBUTIONS

Please refer to the Guide to Completing Annual Information Return (p. 9) for information on how to complete this section.

Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the commission? Yes No

If "No" explain any changes _____



