

Exhibit F

Plan 3 Data File Record Layout

Member Feedback Record Layout to be received by DRS from RECORDKEEPER

Field Name	Format	Position	Description
System/Plan Identifier	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N(9)	3-11	Member's SSN
Alternate Payee Code	A(1)	12	'Q' = QDRO, 'B' = Beneficiary, 'H' = Heir of QDRO
Alternate Payee SSN	N(9)	13-21	Legal Order/Beneficiary SSN
Transaction Type	A(1)	22	'A' = Annuity from TAP Payment 'B' = Annuity Purchase 'C' = Contribution Backout 'D' = Disbursement Request 'I' = Installment Payment 'M' = Minimum Required Distribution 'N' = Negative Adjustment 'P' = System Transfer – Plan 3 to Plan 3 'Q' = TAP Annuity Rescission 'R' = WSIB to SELF Transfer 'T' = Negative Transfer 'U' = Request DB Value 'V' = TAP Annuity Survivor Change 'W' = Withdrawal 'X' = SELF to WSIB Transfer '9' = Control Record (E, H, J, L, S, Z = DCP use only)
Transaction Date	N(8)	23-30	CCYYMMDD
Taxed Amount	P(9.2)	31-36	Taxed Contributions
Non-Taxed Amount	P(9.2)	37-42	Non-Taxed Contributions
Earnings Amount	P(9.2)	43-48	Earnings
Total Amount	P(9.2)	49-54	Taxed Contributions + Non-Taxed Contributions + Earnings
Fund Id	A(1)	55	'W' = WSIB, 'S' = SELF
Payment Date	N(8)	56-63	CCYYMMDD
Installment Type Code (or Payment Frequency)	A(1)	64	Set only on 'I' Records '1' = Annual '2' = Semi-Annual '3' = Quarterly '4' = Monthly
Modified Simplified Flag	A(1)	65	Set to 'Y' on 'I' Records when installment qualifies for Modified Simplified Method for calculating basis recovery. Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.
TAP Survivor Option Code	A(1)	66	Populated on 'B' Records for 'V' Records. '1' = No Survivorship '2' = 3/4 Survivorship '3' = 1/2 Survivorship '4' = 2/3 Survivorship Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.

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Field Name	Format	Position	Description
TAP Survivor Birth Date	N(8)	67-74	Populated on 'B' Records or 'V' Records. Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.
TAP Survivor Death Date	N(8)	75-82	Populated on 'V' Records. Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.
TAP Survivor Add Date	N(8)	83-90	Populated on 'V' Records. Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.
Defined Benefit Value Calculation As Of Date	N(8)	91-98	Populated on 'U' Records. DRS will hold the Defined Benefit Value Calculation until this date. If this is zero, DRS will calculate the Defined Benefit Value Calculation immediately. Note: This field need not be populated by RECORD KEEPER for the purposes of this data file requested by DRS.
Filler	A(52)	99-150	Filler for future use.

Header Record Format:

Field Name	Format	Position	Description
System/Plan Identifier	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N(9)	3-11	Member's SSN
Alternate Payee Code	A(1)	12	'Q' = QDRO, 'B' = Beneficiary, 'H' = Heir of QDRO
Alternate Payee SSN	N(9)	13-21	Legal Order/Beneficiary SSN
Transaction Type	A(1)	22	'1' = Header Record for Member SSN and System/Plan Identifier
Filler	N(8)	23-30	
Basis Recovery Beginning Balance	P(9.2)	31-36	Total After-Tax Dollars contributed to Account
Basis Recovery Remaining Balance	P(9.2)	37-42	Total After-Tax Dollars yet to be reported under Basis Recovery
Filler	A(108)	43-150	Filler for future use

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Daily Activity File

Daily Activity Record Layout to be received by Plan 3 Recordkeeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
SSN	N(9)	3-11	Participant ID Number
Transaction Date	N(8)	12-19	CCYYMMDD
Transaction Type	A(4)	20-23	Identifies type of Activity to be applied to a Member Account
Department	A(6)	24-29	Department number from the Payment Advice or 'TTP' for positive TT2X and TT2E 'TTN' for negative TT2X and TT2E 'BNP' for positive TBON and TGAN 'BNN' for negative TBON and TGAN 'BPP' for positive TOST, TMSC, TRST, TOTH, TLWP, TRIN, and TTDD 'BPN' for negative TOST, TMSC, TRST, TOTH, TLWP, TRIN, and TTDD 'BEA' for all TDCP and TDCI 'BMA' for all TDCV 'NDA' for all TSN1, TSN2, T3T3, and ZZZZ ' ' for all TERM
Reporting Period	N(6)	30-35	CCYYMM - Date received from the employer on the Payment Advice or the date of the actual cash wire
Reporting Type	A(1)	36	'R' = Regular, 'C' = Correction (from the Payment Advice)
Sequence Number	N(2)	37-38	Number from Payment Advice or day of the cash wire (DD)
Fund ID	A(1)	39	'W' = WSIB, 'S' = SELF
Trade Date	N(8)	40-47	CCYYMMDD
Tax Status	A(1)	48	'T' = Taxed, 'N' = Non-Taxed
Mandatory Amt after 1986	P(9.2)	49-54	Mandatory Earnings/Contributions Received Post-1986
Voluntary Amt after 1986	P(9.2)	55-60	Voluntary Earnings/Contributions Received Post-1986
Mandatory Amt prior 1987	P(9.2)	61-66	Mandatory Earnings/Contributions Received Pre-1987
Voluntary Amt prior 1987	P(9.2)	67-72	Voluntary Earnings/Contributions Received Pre-1987
Reconciliation Date	N(8)	73-80	CCYYMMDD
New SSN	N(9)	81-89	Members new SSN, or Legal Order SSN
Legal Order Type Code	A(1)	90	'Y' or 'N'
Beneficiary Type Code	A(1)	91	'B' = Beneficiary
Beneficiary SSN	N(9)	92-100	Beneficiary SSN
Termination Date	N(8)	101-108	Date of Termination (Will be filled in only for TERM)
Termination Date Received	N(8)	109-116	Date Termination Notice was received at DRS (Will be filled in only for TERM)
Transfer to System/Plan	A(2)	117-118	Will be the correct System/Plan to transfer the member to (Will be filled in only for T3T3)
Filler	A(132)	119-250	Filler for future use

Control Record Format:

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3', 'E3', or 'P3' for Transaction Type Control Records, Blank for final Control Record
SSN	N(9)	3-11	999999999
Transaction Date	N(8)	12-19	CCYYMMDD
Transaction Type	A(4)	20-23	Identifies type of Activity or 'ZZZZ' for final Control Record

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Field Name	Format	Position	Description
Department	A(6)	24-29	'999999'
Reporting Period	N(6)	30-35	Number of records for a Transaction Type or total number of records on file for 'ZZZZ'
Reporting Type	A(1)	36	Blank
Sequence Number	N(2)	37-38	00
Fund ID	A(1)	39	'W' or 'S' for Transaction Type Control Records, Blank for final Control Record
Trade Date	N(8)	40-47	99999999
Tax Status	A(1)	48	'Z'
Mandatory Amount after 1986	±P9.2	49-54	Total Mandatory Earnings/Contributions Received Post-1986
Voluntary Amount after 1986	±P9.2	55-60	Total Voluntary Earnings/Contributions Received Post-1986
Mandatory Amount prior 1987	±P9.2	61-66	Total Mandatory Earnings/Contributions Received Pre-1987
Voluntary Amount prior 1987	±P9.2	67-72	Total Voluntary Earnings/Contributions Received Pre-1987
Filler	A(177)	73-250	Filler for future use

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Daily Cash Activity File

Daily Cash Activity File (CAF) Layout to be received by Recordkeeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Fund Id	A(1)	3	'W' = WSIB, 'S' = SELF
Wire Date	N(8)	4-11	CCYYMMDD - Date the actual cash is to be wired to RECORD KEEPER
Department	A(6)	12-17	Department number from the Payment Advice or TTP = for positive TT2X and TT2E TPP = for positive TP2X and TP2E BNP = for positive TBON and TGAN BPP = for positive TOST, TMSC, TRST, TOTH, TLWP, TRIN, and TTDD PPP = for positive plan transfers from WSIB to SELF WDP = Withdrawals from WSIB S2S = Plan 3 to Plan 3 Transfers
Reporting Period	N(6)	18-23	CCYYMM - Date received from the employer on the Payment Advice or the date of the actual cash wire
Reporting Type	A(1)	24	R = Regular or C = <input type="checkbox"/> Correction from the Payment Advice
Sequence Number	N(2)	25-26	Number from Payment Advice or day of the cash wire (DD)
ERT Amount	N(11.2)	27-39	Amount of money associated with a particular ERT
Filler	A(61)	40-100	Filler for future use

Control Record Format:

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	Blank
Fund Id	A(1)	3	'S'
Wire Date	N(8)	4-11	CCYYMMDD - Date the actual cash is to be wired to RECORD KEEPER
Department	A(6)	12-17	'999999'
Reporting Period	N(6)	18-23	Number of records on the file
Reporting Type	A(1)	24	Blank
Sequence Number	N(2)	25-26	00
ERT Amount	N(11.2)	27-39	Total amount to be wired
Filler	A(61)	40-100	Filler for future use

Exhibit F

Member Profile File

Member Profile/Participant Record Layout to be received by Recordkeeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N(9)	3-11	Member SSN
Transaction Date	N(8)	12-19	CCYYMMDD
Type Code	A(1)	20	'E' = Member Enrollment, 'C' = Member Change, 'A' = Member Address Change, 'R' = Member Rehire, 'B' = Beneficiary Information, 'F' = Foreign Address, 'I' = Default Indicators 'Z' = Control Record

Layout for Type Code E, C, A and R:

Field Name	Format	Position	Description
Last Name	A(35)	21-55	Member Last Name
First Name	A(35)	56-90	Member First Name
Middle Initial	A(1)	91	Member Middle Initial
Address Line 1	A(30)	92-121	Member Mailing Address
Address Line 2	A(30)	122-151	Member Mailing Address
City	A(30)	152-181	
State	A(2)	182-183	State or 'FA' if Foreign Address
Zip Code	A(9)	184-192	
Gender Code	A(1)	193	M/F
Birth Date	N(8)	194-201	CCYYMMDD or 00000000 if not available
Death Date	N(8)	202-209	CCYYMMDD
Enroll Date	N(8)	210-217	CCYYMMDD
Day Phone Area Code	N(3)	218-220	
Day Phone Prefix	N(3)	221-223	
Day Phone Suffix	N(4)	224-227	
Day Phone Extension	N(6)	228-233	
Night Phone Area Code	N(3)	234-236	
Night Phone Prefix	N(3)	237-239	
Night Phone Suffix	N(4)	240-243	
Night Phone Extension	N(6)	244-249	
LOP Flag	A(1)	250	

Layout for Type Code B:

Field Name	Format	Position	Description
Last Name	A(35)	21-55	Beneficiary Last Name
First Name	A(35)	56-90	Beneficiary First Name
Middle Initial	A(1)	91	Beneficiary Middle Initial
Not used	A(30)	92-121	
Not used	A(30)	122-151	
Not used	A(30)	152-181	
Not used	A(2)	182-183	
Not used	A(9)	184-192	
Gender Code	A(1)	193	M/F or Blank if not available
Birth Date	N(8)	194-201	CCYYMMDD or 00000000 if not available

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Field Name	Format	Position	Description
Death Date	N(8)	202-209	CCYYMMDD
Beneficiary SSN	N(9)	210-218	Beneficiary SSN
Primary/Contingent Code	A(1)	219	'P' = Primary, 'C' = Contingent
Spouse Code	A(1)	220	'S' = Spouse, 'N' = Non-Spouse
Beneficiary Percent	N(3)	221-223	Percent of beneficiary withdrawal to be distributed to this Beneficiary
Filler	A(27)	224-250	Filler for future use

Layout for Type Code F:

Field Name	Format	Position	Description
Not used	A(1)	21	
Not used	N(9)	22-30	
Address Line 1	A(30)	31-60	Mailing Address
Address Line 2	A(30)	61-90	Mailing Address
Country	A(35)	91-125	Country Name
Foreign Postal Code	A(9)	126-134	
Foreign Province	A(35)	135-169	Foreign Province Name
City	A(30)	170-199	City Name
Filler	A(51)	200-250	Filler for future use

Layout for Type Code I:

Field Name	Format	Position	Description
Entry Code	A(1)	21	'E' = New Enrollee, 'T' = Transferee, 'R' = Rehire, 'C' = Choose Plan 3, 'D' = Default to Plan 3, Blank for 2 nd or subsequent 'I' records
From Program Code	A(1)	22	'S' = Chose SELF, 'W' = Chose WSIB, 'N' = Not Available yet
To Program Code	A(1)	23	'S' = Chose SELF, 'W' = Chose WSIB, 'D' = Default to WSIB, 'N' = Not Available yet
Phase Indicator	A(1)	24	Blank, ('1', or '2' for Potential PERS 3 Members)
Filler	A(226)	25-250	Filler for future use

Layout for Type Code Z:

Field Name	Format	Position	Description
Type Code 'E' count	N(7)	21-27	Number of Type Code 'E' records on this file
Type Code 'C' count	N(7)	28-34	Number of Type Code 'C' records on this file
Type Code 'A' count	N(7)	35-41	Number of Type Code 'A' records on this file
Type Code 'R' count	N(7)	42-48	Number of Type Code 'R' records on this file
Type Code 'B' count	N(7)	49-55	Number of Type Code 'B' records on this file
Not used	N(7)	56-62	
Type Code 'F' count	N(7)	63-69	Number of Type Code 'F' records on this file
Not Used	N(14)	70-83	
Type Code 'I' count	N(7)	84-90	Number of Type Code 'I' records on this file
Filler	A(160)	91-250	Filler for future use

Exhibit F**Member Address Feedback File**

Address Feedback Record Layout to be received by DRS from Recordkeeper

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N(9)	3-11	Member SSN
Alternate Payee Code	A(1)	12	'B' = Beneficiary, 'Q' = QDRO
Alternate Payee SSN	N(9)	13-21	Beneficiary or QDRO SSN
Address Line 1	A(30)	22-51	Member/Beneficiary/QDRO Mailing Address
Address Line 2	A(30)	52-81	Member/Beneficiary/QDRO Mailing Address
City	A(30)	82-111	
State	A(2)	112-113	State or 'FA' if Foreign address
Zip Code	A(9)	114-122	
Country	A(35)	123-157	Country Name
Foreign Postal Code	A(9)	158-166	
Foreign Province	A(35)	167-201	Foreign Province Name
Day Area Code	N(3)	202-204	
Day Prefix	N(3)	205-207	
Day Suffix	N(4)	208-211	
Day Extension	A(6)	212-217	
Night Area Code	N(3)	218-220	
Night Prefix	N(3)	221-223	
Night Suffix	N(4)	224-227	
Night Extension	A(6)	228-233	
Filler	A(17)	234-250	Filler for future use

Control Record Format:

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'ZZ'
Record Count	N(9)	3-11	Number of records sent on file
Filler	A(239)	12-250	Filler for future use

Exhibit F

Account Balance Report Record Layout

Member Balance/Actuary File

Plan 3 Member Balance/Actuary File Layout received from Recordkeeper

Field Name	Format	Position	Description
System	A2	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N9	3-11	Member SSN
First Name	A35	12-46	Member First Name
Last Name	A35	47-81	Member Last Name
Bene-SSN	N9	82-90	Beneficiary SSN
Legal-SSN	N9	91-99	QDRO SSN
Market Value	N8	100-109	Market Value
Plan	N4	110-113	SELF or WSIB
Market Value Date	N8	114-121	Market Value Date
Last Disb Date	N8	122-129	Date of Last Distribution
YTD Disb Amount	N8	130-139	YTD Distribution Amount