

RSP contribution details for membership in a retirement saving plan

Return to Capital Estate Planning Corporation 4222 - 97 street NW Edmonton, AB, T6E 5Z9
Phone: 1-800-661-8755 Fax: 780-462-7523

Complete this form when all or a portion of contributions are being directed to a spousal plan.
To be completed and signed by the person who is making the contribution (the employee) to the retirement savings plan.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION			
Name of employer/plan sponsor			Policy/plan number
Fort McMurray Catholic Board of Education			63553
SPOUSAL RSP MEMBER INFORMATION (owner of the plan)			
Last name	Initial	First name	Social insurance number
			- -
CONTRIBUTING EMPLOYEE			
Last name	Initial	First name	Social insurance number
			- -

Section 1 - Payroll deduction authorization HSA

The contributing employee authorizes the Fort McMurray Catholic School Board of Education (his/her employer) to transfer their eligible monthly Health Spending Account Credits to their ATA Group RRSP account in accordance with the applicable sections of the Collective Agreement.

Section 2 - Direction of contributions

The direction given on this form will apply to **future** contributions only and will remain in effect until we are advised otherwise. The direction will apply to any contributions the employer/plan sponsor allows to be split. Please see your plan administrator if you have any questions regarding which contributions can be split.
Please choose one of the following:

- 100% to my personal RSP
- 100% to the Spousal RSP
(My spouse/common-law partner is the owner of the plan.)
- Split my contributions between my Personal RSP and the Spousal RSP (total allocation must equal 100%)*
- _____ % Personal RSP
(I am the owner of the plan.)
- _____ % Spousal RSP
(My spouse/common-law partner is the owner of the plan.)

*Lump sum contributions may be applied differently than indicated above. When the contribution is sent in the instructions must be clearly indicated. If no instructions are received, the contribution will be applied according to the instructions on this form.

Signature of contributing employee _____
Date

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.