## Group Retirement Plan Contribution Authorization Form



SECTION 1: EMPLOYER INFORMATION *Required Information						
Plan Sponsor Name*			Plan Type*			
			☐ RRSP ☐ Spousal RRS	□ Non-Registered P □ Pension Plan	□ Other: _	
SECTION 2: ANNUITANT INFORMATION >>> For a spousal RRSP, the Annuitant is the employee's spouse.						
		First Name and Initial*				
☐ Mr. ☐ Mrs. ☐ Ms						
Address*		(	City or Town*	Province	*	Postal Code*
Contact Phone Num	ber*	r* Open Access Account Number		S.I.N.*		Birthdate
						YYYY MM DD
SECTION 3: SPOUSE OR COMMON-LAW PARTNER CONTRIBUTOR >>> Complete this section only if this is a Spousal RRSP. Employee is the Contributor						
	Surname*		First Name and Initial*		*	
☐ Mr. ☐ Mrs. ☐ Ms						
				S.I.N.*		Birthdate
						Y
SECTION 4: PAYROLL DEDUCTION AUTHORIZATION						
I hereby authorize my Employer (the Plan Sponsor) to deduct contributions for remittance into						
the plans that I have	specified below.	,				Y Y Y Y M M M D D
Contributions to deduct per pay: Plan type: Regular Required Additional Voluntary						
□RRSP		PLEASE NOTE: Your instructions of Application Form and Investor Programme Application Form Applica				
		_		If you are setting up a Spousal RRSP, your spoupartner must complete an Application Form a		your spouse or common-law
☐ Spousal RRSP				Form. You are the Contributor and your spouse or common-law partner is the Annuitant or account owner of the Spousal RRSP.		
□ DCPP		_ %	<del></del>			
□ Non-Registered		_ %	%			
SECTION 5: INITIAL DEPOSIT (OPTIONAL)						
Amount of initial dep	oosit &					
	Φ	adian Wastarn Trust	Company' in Tru	ust and attach it this forr	m	
r rease make the Che	que payable 10° Calli	adidii vvesteiii iiUSt	Company in Ifu	ast and attach it this loff	11.	
SECTION 6: AUTHORIZATION						
Signature of Account	t Owner*					Date*
						Y Y Y Y   M M   D D

When complete forward this form to your Human Resources Contact.

Directions to the Plan Sponsor

If the payroll contribution of this plan member are being distributed among multiple plans or to a Spousal RRSP, a copy of this form must be included in the document forwarded to Open Access Ltd. If this plan member is making an initial deposit, forward the cheque along with a copy of this form to Open Access Ltd.

Open Access ™ Limited, 1 Richmond St. W, Suite 701, Toronto, ON M5H 3W4 Phone: 1 (866) 625 4777, Fax: (416) 955 4878, Toll Free: 1 (866) 955 4878 This form is available on the Open Access website at openaccessltd.com Annuitants - please retain copies of the Declaration attached for your records.