Group Retirement Plan Contribution Authorization Form

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SECTION 1: EMPLOYER INFORMATION

*Required Information

Plan Sponsor Name*

Plan Type*

☑ RRSP ☐ Non-Registered
☐ Spousal RRSP ☐ Pension Plan ☐ Other: _____

SECTION 2: ANNUITANT INFORMATION ››› For a spousal RRSP, the Annuitant is the employee's spouse.

Surname* First Name and Initial*

☐ Mr. ☐ Mrs.
☐ Ms

Address* City or Town* Province* Postal Code*

Contact Phone Number* Open Access Account Number S.I.N.* Birthdate

Y Y Y Y / M M / D D

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 Y Y Y / M M / D D

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.

Beginning date*

Y Y Y Y / M M / D D

Contributions to deduct per pay:

Plan type:	Regular Required		Additional Voluntary	
☑ RRSP	_____	%	_____	%
☐ Spousal RRSP	_____	%	_____	%
☐ DCPP	_____	%	_____	%
☐ Non-Registered	_____	%	_____	%

PLEASE NOTE: Your instructions will not be processed unless an Application Form and Investor Profile Form have been completed. If you are setting up a Spousal RRSP, your spouse or common-law partner must complete an Application Form and Investor Profile Form. You are the Contributor and your spouse or common-law partner is the Annuitant or account owner of the Spousal RRSP.

SECTION 5: INITIAL DEPOSIT (OPTIONAL)

Amount of initial deposit $ _____

Please make the cheque payable to 'Canadian Western Trust Company' in Trust and attach it this form.

SECTION 6: AUTHORIZATION

Signature of Account 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 Ltd.
Email: inquiry@openaccessltd.com | Phone: 1 (866) 625-4777 | Fax: (416) 955-4878 | Toll-Free Fax: 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.