

Retirement Compensation Arrangement (RCA) Confidential Questionnaire



Building *your* future

ADVISOR INFORMATION

GBL REPRESENTATIVE

NAME _____ COMPANY _____

ADDRESS _____

TELEPHONE _____ FAX _____ EMAIL _____

SPONSORING COMPANY INFORMATION

NAME OF SPONSORING COMPANY _____

DATE OF INCORPORATION (DD/MM/YY) _____ CORPORATE YEAR END (DD/MM) _____

| | | | | | | |

PLAN MEMBER

MEMBER SPOUSE (IF PARTICIPATING)

FULL NAME _____

FULL NAME _____

GENDER MALE FEMALE

GENDER MALE FEMALE

DATE OF BIRTH DD / MM / YYYY

DATE OF BIRTH DD / MM / YYYY

/ /

/ /

DATE OF HIRE DD / MM / YYYY

DATE OF HIRE DD / MM / YYYY

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PROVINCE OF RESIDENCE _____

PROVINCE OF RESIDENCE _____

BEST THREE YEARS T4/T4PS EARNINGS (DO NOT INCLUDE DIVIDENDS OR OTHER INCOME)*

EXPECTED AGE OF RETIREMENT FOR PARTICIPANTS _____, OR EXPECTED DATE OF RETIREMENT FOR PARTICIPANTS _____

Has the member ever been a participant of any other pension plan or, deferred profit sharing plan? YES NO If YES, type of plan:

Date of entry into Plan: _____



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