## Retirement Compensation Arrangement (RCA) Confidential Questionnaire



Building your future

ADVISOR INFORMATION				
NAME	COMPAN	COMPANY		
TELEPHONE	EMAIL			
SPONSORING COMPANY INFORMATION	ON			
NAME OF SPONSORING COMPANY				
DATE OF INCORPORATION (DD/MMM/YY) CORPORA		RATE YEAR E	ATE YEAR END (DD/MMM)	
PLAN MEMBER		MEME	SER SPOUSE (IF EMPLOYED BY THE COMPANY)	
FULL NAME		FULL NA	ME	
GENDER MALE FEMALE		GENDER	MALE FEMALE	
DATE OF BIRTH DD / MMM / YYYY		DATE O	FBIRTH DD / MMM / YYYY	
DATE OF HIRE DD / MMM / YYYY		DATE O	FHIRE DD/MMM/YYYY	
PROVINCE OF RESIDENCE		PROVINCE OF RESIDENCE		
BEST THREE YEARS T4/T4PS EARNINGS (DO NOT INC	LUDE DIVIDEN	NDS OR OTH	ER INCOME)	
YEAR \$		YEAR	\$	
YEAR \$		YEAR	\$	
YEAR \$		YEAR	\$	
Is the RCA Established pursuant to a Severance	YES	NO		
EXPECTED AGE OF RETIREMENT FOR PARTICIPANTS		, OR EXPEC	TED 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:		_		



5720-4th Street SE, Suite 130 Calgary, Alberta T2H 1K7 Toll Free: (877) 249-2999 Phone: (403) 249-1820 121 Richmond St West, Suite 503 Toronto, Ontario M5H 2K1 Toll Free: (888) 941-9829 Phone: (416) 941-9829