

NAME OF PLAN (REQUIRED)

EVENT NUMBER (REQUIRED)

FUNDING NUMBER (REQUIRED)

New Change

Name of Payee:

(SURNAME)

(FIRST NAME)

Male Female

Social Insurance Number:

Employee No. / Client I.D.:

LANGUAGE PREFERENCE

English French

Date of Birth (DD/MM/YYYY):

Retirement Date (DD/MM/YYYY):

Street Address:

City:

Province / Country:

Postal Code / Zip Code:

PAYEE TYPE

Regular
 Beneficiary*
 Spousal*
 Other

*DECEASED SIN REQUIRED

PAYMENT METHOD

Cheque Automatic Transfer

DENTAL BENEFIT (CODE 1-5)

IMPORTANT: For direct deposit, please attach sample personalized cheque marked "VOID".
 If VOID cheque is not available please provide MICR encoding from bank with signature.

*DATE OF DEATH (DD/MM/YYYY)

TYPE OF PENSION (PLEASE SPECIFY, E.G. BASE, BRIDGE)

Start Date (DD/MM/YYYY)

Amount

Final Payment Date (DD/MM/YYYY)

(UP TO AND INCLUDING)

TYPE OF PENSION	Start Date (DD/MM/YYYY)	Amount	Final Payment Date (DD/MM/YYYY)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

DEDUCTION AMOUNT (IF REQUIRED)

Type (WITH DEDUCTION CODE)

Start Date (DD/MM/YYYY)

Amount

Stop Date (DD/MM/YYYY)

(UP TO AND INCLUDING)

Type (WITH DEDUCTION CODE)	Start Date (DD/MM/YYYY)	Amount	Stop Date (DD/MM/YYYY)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

MONTHLY TAXABLE BENEFITS

Type	Amount	Type	Amount
Fed 1	\$ _____	Additional Federal Tax:	\$ _____
Fed 2	\$ _____	Additional Provincial Tax:	\$ _____
Fed 3	\$ _____		
Prov 1	\$ _____	Federal Tax Credit (attach signed TD1)	
Prov 2	\$ _____	Provincial Tax Credit (attach signed TD1/TP-1015 for QC)	

COMMENTS

IMPORTANT: 1 or 2 signatures, as required by plan text.

ACKNOWLEDGEMENT: This is your authorization to make payment(s) from the fund above, which is hereby certified to be in full accordance with the terms of the Certificate of Signing Authority on file.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

(SIGNATURE)

(SIGNATURE)

DATE (DD/MM/YYYY)

(PRINT NAME)

DATE (DD/MM/YYYY)

(PRINT NAME)

Please return to: RBC Investor Services, Benefit Payment Services
 155 Wellington Street West, 3rd Floor, Toronto, ON M5V 3L3

