

## 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):

PAYEE TYPE

☐ Regular

☐ Beneficiary\*

☐ Spousal\*

☐ Other

Street Address:

City:

Province / Country:

Postal Code / Zip Code:

\*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)

		\$	
		\$	
		\$	
		\$	

DEDUCTION AMOUNT (IF REQUIRED)

Type (WITH DEDUCTION CODE)

Start Date (DD/MM/YYYY)

Amount

Stop Date (DD/MM/YYYY)

(UP TO AND INCLUDING)

		\$	
		\$	
		\$	
		\$	

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

