## REGISTERED RETIREMENT SAVINGS PLAN (RRSP) ENROLLMENT FORM

**Employee Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RRSP Contribution Details**

* I elect to contribute the following percentage of my gross salary to the RRSP: \_\_\_\_\_\_%
* I elect to make my contributions on a:
	+ Quarterly basis
	+ Lump sum basis (e.g., annual bonus)

**Investment Institution Information**

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment**

I understand that my RRSP contributions, as indicated above, will be matched by the organization up to the percentage stated in the company policy. I acknowledge that it is my responsibility to ensure my contributions do not exceed the limit set by the Canada Revenue Agency.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_