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## Member Declaration Regarding RRSP Deduction Limit - Additional Benefit

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Please complete this form if you wish to transfer your additional benefit from the Plan to your personal RRSP.

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### Information on the applicant

Name of applicant \_\_\_\_\_

Name of employer's pension plan \_\_\_\_\_

### Information on the RRSP to receive the transfer

Name of financial institution \_\_\_\_\_

Address of financial institution \_\_\_\_\_

Area code and telephone number \_\_\_\_\_

RRSP number \_\_\_\_\_ Federal registration number \_\_\_\_\_

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I understand that my additional benefit may be transferred in whole or in part to my RRSP, up to my RRSP deduction limit.

Therefore, I request that the excess benefits be transferred to my RRSP:

in whole, without exceeding \$\_\_\_\_\_ (the amount indicated must not exceed your RRSP deduction limit); or

in part, in the amount of \$\_\_\_\_\_ (the amount indicated must not exceed your RRSP deduction limit).

I understand that any portion of the excess benefits that is not transferred to my RRSP will be paid to me in cash, **less withholding tax**.

I hereby certify that the amount I am requesting to transfer does not exceed my RRSP deduction limit and I understand that the administrator of the above-noted pension plan cannot be held responsible for any adverse tax consequences should the amount I am requesting to transfer to my RRSP exceed my RRSP deduction limit.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

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***No funds will be transferred to your personal RRSP before this form is duly completed and signed.***