

Employer Information

Company Name (please print) _____ # of Participating Employees _____

Address _____ City _____ Province _____ Postal Code _____

Plan Information

Person authorized by the employer as the administrative contact:

Name _____ Phone _____

Title _____ Email Address _____ Fax _____

How often are employees paid? Weekly Bi-Weekly Monthly Other _____

Frequency of remittance of RRSP payroll deductions: Weekly Bi-Weekly Monthly Other _____

Date of first Group RRSP remittance (mm/dd/yyyy) _____

Is employer making contributions? No Yes

Does the employer wish to restrict withdrawals on this Group RRSP? Restrict withdrawals on: No restrictions Employer contributions only Employee contributions only Both

Any exceptions (Homebuyers Withdrawals, Life Long Learning etc.)? No Yes Details: _____

Can employees have contributions go to a spousal plan? No Yes

Is this group plan replacing an existing plan? No Yes Existing Carrier: _____
Details (pension, or GRSP, Group #, etc.) _____

Employer Authorization

The employer named above agrees to implement a Group RRSP to be administered by Ethical Funds Inc. as set out above and in the application forms submitted by participating employees. The employer may amend its obligations under or terminate completely this Group RRSP at any time by giving written notice to EFI.

X _____
Signature of Officer or other authorized individual Name (please print) & Title

X _____
Signature (if applicable) Name (please print) & Title

Internal Use Only – Dealer Representative Authorization			
Dealer _____	Representative (Primary Plan Contact) _____		Representative Signature _____
Rep Code _____	Dealer Number _____	Phone _____	Email Address _____
Will there be other Representatives servicing this Account?			
Rep Code _____	Representative Name _____	Rep Code _____	Representative Name _____
Payroll remittances will be deposited: <input type="checkbox"/> In Trust Account # _____ <input type="checkbox"/> Cheque to EFA			