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Group RRSP Company Profile Set Up Form

1. COMPANY INFORMATION

(COMPLETED BY COMPANY)

COMPANY NAME

ADDRESS

CITY PROVINCE POSTAL CODE

TELEPHONE

MANAGEMENT CONTACT (NAME)

POSITION TELEPHONE FAX

TYPE OF BUSINESS NUMBER OF ELIGIBLE EMPLOYEES

ANTICIPATED NUMBER OF PARTICIPANTS

2. PAYROLL INFORMATION

(COMPLETED BY COMPANY)

FIRST CONTRIBUTION WILL BE MADE (INDICATE WHICH MONTH)

FREQUENCY OF CONTRIBUTIONS MONTHLY _____ INDICATE WHICH WEEK QUARTERLY OTHER (PLEASE SPECIFY)

EMPLOYER CONTRIBUTIONS (CONTRIBUTION TYPE) REGULAR CONTRIBUTIONS LUMP SUM

SUBMITTED BY TITLE

SIGNATURE OF SIGNING OFFICER DATE

3. BROKER/DEALER USE ONLY

BROKER/DEALER NAME BROKER/DEALER CODE REPRESENTATIVE CODE

BROKER/DEALER COMPANY NAME

BROKER/DEALER ADDRESS

CITY PROVINCE POSTAL CODE

TELEPHONE

4. ADDITIONAL INFORMATION
