

RSP contribution details

Return to: Great-West Life, Group Retirement Services

Great-West Life Access Line 1-800-724-3402

Complete this form when all or a portion of contributions are being directed to a spousal plan.

To be completed and signed by the person who is making the contribution (the employee) to the retirement savings plan.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION			
Name of employer/plan sponsor FELLOWSHIP OF CHRISTIAN ASSEMBLIES			Policy/plan number 67816
SPOUSAL RSP MEMBER INFORMATION (owner of the plan)			
Last name	Initial	First name	Social insurance number
			- -
CONTRIBUTING EMPLOYEE			
Last name	Initial	First name	Social insurance number
			- -

Payroll deduction authorization

The contributing employee authorizes their employer to deduct the following from each pay.

Direction of contributions – The direction given on this form will apply to **future** contributions only and will remain in effect until we are advised otherwise. This direction will apply to any contribution the employer/plan sponsor allows to be split. Please see your plan administrator if you have any questions regarding which contributions can be split.

Please choose one of the following:

- ☐ 100% to the Spousal RSP, Identification number _____ (completed by London Life)
(My spouse/common-law partner is the owner of the plan.)
- ☐ Split my contributions between my Personal RSP and the Spousal RSP (total allocation must equal 100%)*
- _____ % Personal RSP, Identification number _____ (completed by London Life)
(I am the owner of the plan.)
- _____ % Spousal RSP, Identification number _____ (completed by London Life)
(My spouse/common-law partner is the owner of the plan.)

*Lump sum contributions may be applied differently than indicated above. When the contribution is sent in, the direction must be clearly indicated. If no direction is received, the contribution will be applied according to the direction on this form.

Signature of contributing employee

Date