

Application Form
Group Retirement Savings Plan (RSP)

Please print clearly in the blank boxes.
Important: If this application is for a spousal RSP, the spouse (i.e. Spousal Member) must complete this form

Check one:

- This RSP is for you as a Member (i.e. employee)
- This RSP is for you as a Spousal Member

Tell us about the plan

If you aren't sure how to complete any of these boxes, your Plan Administrator can help you at 1-866-530-9189.

Plan Sponsor NBDAA	Group annuity policy number 55501160
Membership number	
Date you are joining the plan (mmm/d/yyyy)	Date you started with your employer (mmm/dd/yyyy)

Your personal information

Gender	First name	Middle initial	Last name	
Mailing address (number, street and apartment number)				
City	Province	Country	Postal code	
Date of birth (mmm/dd/yyyy)		Social Insurance Number (SIN)		Marital status
Preferred language	Telephone number*	Ext.*	Email address*	

***These fields are optional.**

Tell us about the contributor (the member)

Complete this section only if the application is for you as a Spousal Member. Otherwise, leave this section blank.

First name	Middle initial	Last name
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)	

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

- Check here if you have attached a separate page ing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds
Your percentages must add up to 100%		100%

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

Trustee for a minor beneficiary named above

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

Trustee name	Relationship
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**Group Retirement
Savings Plan (RSP)**

Employer information

Plan Policy Number: 55501160

Company name				
Name		Last name		
Mailing address (number, street and apartment number)				
City		Province	Country	Postal code
Preferred language	Telephone number	Ext.	Email address	

Payroll administrator

First name		Last name			
Payroll frequency:		Deduction per pay	Employee	Employer	Total
Preferred language	Telephone number	Ext.	Email address		

Employee information

First name		Middle initial	Last name	
Mailing address (number, street and apartment number)				
City		Province	Country	Postal code
Date of birth (mmm/dd/yyyy)		Social Insurance Number (SIN)		Membership number
Preferred language	Telephone number	Ext.	Email address	

Monthly remittance payable to:

New Brunswick Dental Assistants' Association (or NBDAA)

P.O. Box 2095

Richibucto, NB E4W 5P2

bernioff@nb.sympatico.ca

(506) 876-4662

Plan administrator: Bernice Léger

Remittance can be paid by cheque or money order.

Employee authorization signature:

Date: _____