



Complete this application to join Communication Technologies Credit Union RSP. If you have any questions, we can be contacted by phone at 1-800-209-7444 or visit our website at www.comtechcu.com.

STEP 1 – Your information

Account Number	Date of Birth (dd/mm/yyyy)	Social Insurance Number
First Name (Annuitant)	Last Name	Middle Initial
Address		E-mail Address
Work Telephone Number	Home Telephone Number	Best Time to Call

How To Fully Complete This Form: (Please read before proceeding)

Important: Verify that you have completed your payroll change on your employer's payroll website before continuing.

Q.1 I want to do an individual RSP:

- **Step 1** – Fill out your information
- **Step 2** – Not Required
- **Step 3** – Designate a beneficiary **or** your estate
- **Step 4** – Indicate amount coming from your pay cheque **or** amount of one time deposit
- **Step 5** – Choose Investment alternatives at \$1000
- **Step 6** – Sign and date at Employee's Signature
Get witness signature **and** address who is **NOT** related to the beneficiary
- **Step 7** – Send form to the Credit Union

Q.2 I want to do a spousal RSP:

- **Step 1** – Fill out your **spouse's** information
- **Step 2** – Fill in **your** name and SIN as contributor
- **Step 3** – Follow **Step 3,4,5** from **Q.1**
- **Step 6** – Your **Spouse** must sign as **Annuitant** and date
Get witness signature **and** address who is **NOT** related to the beneficiary
- **Step 7** – Send form to the Credit Union

Q.3 I want to have a Mutual Fund Representative call me:

- We can have one of our knowledgeable Mutual Fund Representatives call you. Indicate below:
 Home at _____ am/pm
 Work at _____ am/pm

Q.4 Where do I send my completed application ?

- **Fax to:** (416) 598-0171 (or)
- **Send by mail:** Comtech Credit Union
220 Yonge St Suite 102 Box 501
Toronto ON M5B 2H1

Q.5 Who can I call for help/info in filling this form ?

- 1-800-209-7444 ext. 2204

You will receive telephone or email confirmation upon receipt of your application

STEP 2 – Is this a spousal contract? If yes, complete

Contributor's Name	Contributor's S.I.N.
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STEP 3 – I designate the person below as the person to receive all amounts payable under the Plan if I die. I revoke all prior designations of beneficiary for the Plan. I am solely responsible for ensuring that this designation of beneficiary is valid under the laws of Canada, and its provinces and territories.

Beneficiary Name	Relationship
Beneficiary Address	

STEP 4 – I would like to open a new contract and make:

<input type="checkbox"/> Periodical Contributions \$ _____ .00 <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	OR	<input type="checkbox"/> One-time Lump Sum \$ _____ .00
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STEP 5 - Investment Instructions –Initially my funds are to be invested in the RSP Savings Account.

Upon accumulation of \$1000 in the account, please invest my funds as follows (choose one of the following) :	
<input type="checkbox"/> Remain in RSP Savings Account or Term Deposit: <input type="checkbox"/> 1 Yr <input type="checkbox"/> 18Mon <input type="checkbox"/> 2 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> 4 Yr <input type="checkbox"/> 5 Yr	
<input type="checkbox"/> Have a Mutual Fund Representative call me at <input type="checkbox"/> Work <input type="checkbox"/> Home	

STEP 6 - Authorization I the Annuitant hereby request the Credit Union to apply for registration of the Plan as an RRSP under section 146 of the Act. I the Employee hereby authorize Bell Canada or a subsidiary to act as my agent for the purpose of contributions.

X	Annuitant (Owner's) Signature	Date (dd/mm/yy)
X	Employee's Signature	Date (dd/mm/yy)
X	Witness' Signature	Date (dd/mm/yy)
Print name and address of Witness		

Office Use Only	Date Approved: (dd/mm/yy)	Contract #:
	Approved by: Employee #	Referral #: 10/2002

FAX TO (416) 598-0171