



106-1915 Broad Hollow Gate, Mississauga, ON L5L 6A3  
Telephone: 905-569-9008 Toll-free: 1-800-661-4319  
Fax: 905-820-2972 www.stewardscanada.org

## REGISTERED RETIREMENT INCOME FUND

### Application for Membership

MAIL TO:  
Stewards Canada  
106-1915 Broad Hollow Gate  
Mississauga, Ontario L5L 6A3

CONTRACT NUMBER:   
#8260500

I hereby apply for membership in the Stewards Canada Registered Retirement Income Fund ("RRIF") and I request that the Trustee apply for registration under the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec). I also appoint Stewards Canada to act as my agent in any dealings with B2B Trust. I acknowledge that I have received and read a copy of the Declaration of Trust provided to me, and I understand that the Fund is governed by the provisions contained therein.

#### A. PERSONAL DETAILS:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Street and Number: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ dd/mm/yy Phone Number: \_\_\_\_\_  
S.I.N Number: \_\_\_\_\_

#### B. SOURCE OF FUNDS:

RRSP Transfer     RRIF Transfer     60 (1) (v) Amount     Other

Contribution Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

#### C. DETERMINATION OF AGE:

I hereby elect that the minimum payment under the RRIF shall be determined in accordance with the provisions of the Income Tax Act based on:  
 (a) my age; OR  
 (b) the age of my spouse and I certify that my spouse is:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ dd/mm/yy S.I.N Number: \_\_\_\_\_



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## D. BENEFICIARY ELECTION:

At the time of my death, the Trustees shall distribute the remaining property in the RRIF by:

- A. Making payments as scheduled to my spouse (complete spousal section above); OR
- B. Transferring the property or paying the value thereof to an eligible beneficiary as defined under provisions of the Income Tax Act (Canada)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## E. PAYMENT ELECTION:

I hereby request to receive  annual  semi annual  quarterly  monthly  
payments starting \_\_\_\_\_ month \_\_\_\_\_ Day \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ I understand that  
an annual minimum payment is required.

## F. PAYMENT INSTRUCTIONS:

- Mail cheque to above address
- Deposit directly to my account at:

**PLEASE ATTACH A VOID CHEQUE**

Name of Financial Institution \_\_\_\_\_

Branch Transit Number \_\_\_\_\_ Bank Number \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_

B2B Trust and Stewards Canada reserve the right to require at least 120 days written notice of withdrawal or transfer of funds. This application is subject to acceptance by the Trustee in accordance with the Declaration of Trust and the Income Tax Act (Canada) and regulations there under as amended from time to time.



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## E. SIGNATURES:

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Applicant

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Name (printed)

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Date

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B2B Trust

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Name (printed)

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Date

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Accepted by: Stewards Canada

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Name (printed)

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Date