



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 SAVINGS PLAN

## Application for Membership

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

CONTRACT NUMBER:   
#8260450

I hereby apply for membership in the Stewards Canada Registered Retirement Savings Plan ("RRSP") and I request that the Plan be registered as a retirement savings plan under the Income Tax Act 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 Stewards RRSP Plan provided to me and I understand that the Plan is governed by the provisions contained therein. I understand that in accordance with the Income Tax Act and, if applicable, the Taxation Act (Quebec), income tax may be payable on any benefits paid under the Plan.

### 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:

New Contribution  RRSP Transfer  60J Transfer  60L Transfer  DPSP Transfer  Other

**Make cheque payable to Stewards Canada**

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

### C. BENEFICIARY DESIGNATION:

I hereby revoke any previous designation made by me under the provisions of the Plan and pursuant to the provisions of the Plan hereby designate the following as my beneficiary to receive any interest in the Plan on my death:

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

Address: \_\_\_\_\_



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

## D. SPOUSAL PLAN:

I hereby designate this RRSP as a Spousal Plan under the provisions of the Income Tax Act with my spouse as the annuitant and beneficiary of such plan.

Spouse's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ dd/mm/yy Phone Number: \_\_\_\_\_

S.I.N Number: \_\_\_\_\_

## E. SIGNATURES:

\_\_\_\_\_

Applicant

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Date

\_\_\_\_\_

Accepted by: Stewards Canada

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Date

\_\_\_\_\_

B2B Trust

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Date