

**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 or you can call Customer Service at 1-888-727-7766.*

Plan Sponsor <b>NBDAA</b>		Group annuity policy number <b>55501160</b>
Member 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
<b>Your percentages must add up to 100%</b>		<b>100%</b>

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		
		Monthly deductions		
Payroll frequency:	Deduction per pay	Employee	Employer	Total monthly remittance
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 8997

Shediac, NB E4P 8W5

[bernioff@nb.sympatico.ca](mailto:bernioff@nb.sympatico.ca)

(506)532-9189

Plan administrator: *Bernice Léger*

Remittance can be paid by cheque, money order, e-mail, EFT.

Employee authorization signature:
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Date: \_\_\_\_\_