

RSP contribution details

Complete this form when all or a portion of contributions are being directed to a **spousal plan**.

To be completed and signed by the person who is making the contribution (the employee) to the retirement savings plan.

Please print.

EMPLOYER/PLAN SP	ONSOR INFORMATION			
Name of employer/plan sponsor Alberta Teachers' Association			Policy/plan number 11037	
Last name	Initial	First name	Social insurance number	
CONTRIBUTING EMP	LOYEE			
Last name	Initial	First name	Social insurance number	
	ee authorizes their employer to d			
advised otherwise. This	direction will apply to any contributions contributions contributions contributions contributions contributions contributions	oution the employer/plan s	ire contributions only and will remain in effect until we ponsor allows to be split. Please see your plan administration	
(My spouse/commo	RSP, Identification number n-law partner is the owner of the s between my Personal RSP and	. ,	(completed by the Issuer)	
	Personal RSP, Identification(I am the owner of the plan.)	number	(completed by the Issuer)	
	Spousal RSP, Identification r (My spouse/common-law par		an.) (completed by the Issuer)	
*Lump sum contribution indicated. If no direction	s may be applied differently th is received, the contribution will be	an indicated above. Whe applied according to the	en the contribution is sent in the direction must be cle e direction on this form.	∍arly
Signature of contributing	employee		Date	

Services for this plan are provided by The Great-West Life Assurance Company (Great-West Life). The plan is issued by London Life Insurance Company (the Issuer), a subsidiary of Great-West Life.