



Request for Group RRSP

Centre of Education, One Kingsway, Edmonton, AB T5H 4G9

Attention: Human Resources, Main Floor

Please accept this letter as authorization to debit my salary for credit to my Edmonton Public Schools Group RRSP Account: The pertinent details are:

TO BE COMPLETED BY FINANCIAL INSTITUTION

Financial Institution: Canada Life / ATA - Group RRSP Administered by:
Capital Estate Planning Corp.

Completed by: _____

Phone Number: (780) 463-6128 Fax Number: (780) 462-7523

Group RRSP: _____

Group RRSP Contact: Robin Sample

Electronic Deposit Information:

Inst. Code: 003

Transit#: 00002

Acct#: 0000299

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____
(Please print)

Address: _____

S.I.N. _____ - _____ - _____

Day Phone: (_____) _____

Deduction per pay period: \$ _____

Teaching - Non-Teaching -
Employee Group (Please check one)

X _____
Employee Signature

Date (mm-dd-yyyy)