

## CORPORATE CONTRIBUTION TO AN INDIVIDUAL OR SPOUSAL RRSP AUTHORIZATION FORM

This form is to be used for contributions paid from a corporation, sole owner/operator, sole proprietor or partnership account into an individual RRSP Account and also requires Subsequent Transaction [Form 611](#).

EMPLOYER / ENTITY NAME:

EMPLOYEE / INDIVIDUAL NAME:

### APPOINTMENT:

I/We, the employee or individual named above, acknowledge that I/We have appointed my/our employer or the other entity named above as my/our agent to administer a contribution on my/our behalf into the RRSP account named below:

RRSP Account No.: \_\_\_\_\_

Name of Planholder: \_\_\_\_\_

### THE RRSP ACCOUNT IS:

My account - I am the RRSP planholder OR  
 My spouse or common-law partner's RRSP account - Although the contribution receipt will be issued in my name, my spouse or common-law partner is the RRSP planholder.

### TYPE OF CONTRIBUTION: (Choose either A or B)

**A**  A single contribution paid by cheque: **Please attach cheque made payable to BMO Life Assurance Company.**

Amount \$ \_\_\_\_\_ Date of payment (dd/mmm/yyyy): \_\_\_\_\_

**B**  A Deposit by Pre-Authorized Debit (PAD) from the "corporate" bank account number: \_\_\_\_\_ of my employer or other entity (corporation/sole owner/proprietor/partnership account) into the RRSP Account.

### DIRECTION AND ACKNOWLEDGEMENT BY EMPLOYEE / INDIVIDUAL:

I direct that the contribution described on this form be made and acknowledge that this contribution will be applied/recognized towards my personal RRSP.

X

Employee's or Individual's Signature

Date (dd/mmm/yyyy)

RRSP contribution limits are subject to maximum annual and lifetime maximums allowed by the Income Tax Act, and any excess contribution above these limits may be subject to tax and/or penalties by the CRA. It is the sole responsibility of the Policyowner to monitor their personal contribution limits and the Policyowner is personally responsible for any related tax consequences. BMO Life Assurance accepts no responsibility for potential tax consequences.

### ACKNOWLEDGED BY THE EMPLOYER / ENTITY:

I/we acknowledge, as the employer or other entity administering the payment as a contribution into the RRSP, that I/we are responsible for the T4 or other tax reporting or for deducting and remitting withholding taxes as required with regard to the payment. I/we also acknowledge that the contributions made belong to the Employee/Individual named above and they represent:

State reasons why Employee/Individual are entitled to contribution (e.g. bonus, salaried income): \_\_\_\_\_

X

Name of Signing Officer

Signature of Signing Officer

Date (dd/mmm/yyyy)

X

Name of Signing Officer

Signature of Signing Officer

Date (dd/mmm/yyyy)