Régime complémentaire de rentes des techniciens ambulanciers/paramédics et des services préhospitaliers d'urgence

Application – Disbursement System for the Defined Contribution Component

Please print clearly using black or dark blue ink

A Member's Identification

Last Name	First Name

Social Insurance Number	Date of Birth (Day / Month / Year)	Gender	Language of Correspondence
		❑ F ❑ M	❑ French ❑ English

Address (number, Street, apartment, P.O. Box, Rural route)

City	Province	Postal Code

Phone Number (area code)	Email (Optional)
	@

B Use of the Spouse's Age to Establish the Minimum Annual Withdrawal Amounts

If your spouse is younger than you, you can use your spouse's age to reduce the minimum annual withdrawal amounts. **This option is only available at the time of application to the disbursement system.**

If you wish to use your spouse's age to determine the minimum withdrawal amounts, check the following box:

❑ Use my spouse's age

C Proof of Age*

To determine the limits of the withdrawal amount you can make in a specific year, please provide the following document(s):

- An official proof of your date of birth
- An official proof of your spouse's date of birth, if you have checked the box '' Use my spouse's age'' in section B.

* We accept a copy of the **driver's license**, **health insurance card**, **passport**, or the **birth certificate delivered by the *Directeur de l'état civil* of Quebec**

D Frequency and Method of Payment

The only payment frequency available is the annual withdrawal.

Select the method of payment:

❑ Direct deposit – Please enclose a personalized void cheque

❑ Cheque – Will be mailed to the address in file

E Member's Declaration

I declare that I have read the terms and conditions of the RRTAP disbursement system detailed in the information brochure enclosed with my benefit statement.

I certify the accuracy of the information above.

Date _____ Member's signature _____

PLEASE SEND THIS FORM TO AON

RRTAP
PO Box 2220, Stn Don Mills
Toronto (Ontario) M3C 0M7

QUESTIONS?

Customer Contact Centre:
Tel: **1 866 874-4069 Toll-free**
Fax: **514-845-0678**
Email: **rrtap@aon.ca**