

Application – Disbursement System for the Voluntary Contributions Account

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 <input type="checkbox"/> F <input type="checkbox"/> M
		Language of Correspondence <input type="checkbox"/> French <input type="checkbox"/> 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
<p>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.</p> <p>If you wish to use your spouse's age to determine the minimum withdrawal amounts, check the following box:</p> <p><input type="checkbox"/> Use my spouse's age</p>

C Proof of Age*
<p>To determine the minimum amount you must withdraw in a specific year, please provide the following document(s):</p> <ul style="list-style-type: none"> 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. <p>* 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</p>

D Frequency and Method of Payment
<p>The only payment frequency available is the annual withdrawal.</p> <p>Select a method of payment:</p> <p><input type="checkbox"/> Direct deposit – Please enclose a personalized void cheque</p> <p><input type="checkbox"/> Cheque – Will be mailed to the address in file</p>

E Member's Declaration
<p>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.</p> <p>I certify the accuracy of the information above.</p> <p style="text-align: center;"> _____ Date </p> <p style="text-align: center;"> _____ Member's Signature </p>

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