



Financial Services

# Registered Retirement Savings Plan (RRSP) Rollover Request

**Employee's Name:** \_\_\_\_\_ **Employee's Number:** \_\_\_\_\_

I am requesting to have the following rolled over to an RRSP

**Benefits** (specify benefit type)

Benefit Type	Hours to transfer
_____	_____ All or _____ hours
_____	_____ All or _____ hours
_____	_____ All or _____ hours

**Retroactive Pay**

Retroactive Pay \_\_\_\_\_ **Amount to transfer**  
All or \$ \_\_\_\_\_

**Severance** (retirement/termination only)

Severance \_\_\_\_\_ **Amount to transfer**  
All or \$ \_\_\_\_\_

A cheque will be sent directly to your financial institution based on the information provided below

Financial Institution Name: \_\_\_\_\_

Mailing Address:

Contact Name: \_\_\_\_\_ RRSP Account Number: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MONTH/YYYY

**Important Notes:**

- Incomplete forms will not be processed
- A copy of your most recent Notice of Assessment from the Canada Revenue Agency must be included documenting your available RRSP room
- RRSP rollover of benefit hours:
  - Requests will be limited to a maximum of twice per calendar year
  - A minimum of 35 hours per request
- Please allow four to six weeks for processing
- A copy of this form will be sent to your financial institution
- Completed form should be sent to Medical Services at [severance.physicians@easternhealth.ca](mailto:severance.physicians@easternhealth.ca)

**For Office Use only:**

Eligible retiring allowance	\$
Non-eligible retiring allowance	\$
Severance rolled	\$
Benefit bank rolled	\$

Submit Form