



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

Severance

Amount to transfer

Severance _____ 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: _____

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
- Any penalties that occur as a result of overcontribution to RRSP are solely the responsibility of the employee.
- A copy of this form will be sent to your financial institution
- Completed form should be forwarded to the Human Resources Department (severance@westernhealth.nl.ca)