



## 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  
([sarah.randell@centralhealth.nl.ca](mailto:sarah.randell@centralhealth.nl.ca))