

Group RRSP Forn

Group RRSP Payroll Deduction Form

Use this form for: Addition / Change / Cancellation of Bi-weekly RRSP Contributions through Payroll Deduction

Deduction.				
Please note:				
Prior to submitting t active.	this form, please ensure yo	our Group RBC RRS	SP account (Gr	oup No. 2546) is
To open your group	account at RBC please c	all 1-888-769-2566	or visit your lo	cal RBC branch.
DATE:	Employee Number:			
Employee Name:				
Please complete all ap Note: The minimum cor	pplicable areas: ntribution is \$25 per pay period.			
ALL STAFF (Excluding	g UNA Employees)			
Effective Date:	end my Voluntary RRSP co ust be set up under Group N			•
☐ I wish to cancel my Effective Date:	Voluntary Group RBC RRS	P contribution.		
lote: Your enrolment will b	pe processed within the pay peri	iod requested, when po	ossible.	
Employee Signature:			Date:	

Return this form to HR Shared Services, Covenant Benefits by Fax to 1.844.776.0434 or by Email to General.Documents@covenanthealth.ca.

If the enrollment form is not completed in its entirety the request will not be processed.