Direct Transfer of a Continuity Allowance Authorization

Last Name:	First Name:	Employee Number:
Home Address:		

The below information is required. If you are unable to complete the information, please contact your financial institution and they may be able to assist you.

Amount of total funds to be transferred into RRSP: _$2,500_____

Financial Institution: _____

Name of Plan: _____

Account #: _____

Address: _____

_____

Contact Name: _____

Available RRSP Contribution Limit as indicated on 2008 Income Tax Assessment: _____

Note: It is the responsibility of the employee to ensure the amount indicated for transfer to an RRSP is within their contribution limit. Should this transfer result in an over-contribution, the employee is responsible for any penalties that may be levied by the CRA. Employee signature at the bottom of this form indicates acceptance of this responsibility.

Please ensure this form is **fully completed** with correct information or there may be a delay in your payment being transferred. Sufficient information must be provided for the institution to identify your payment. It is important to remember that your transfer will be automatically sent to the identified financial institution. The remaining amount will be deposited into your bank account on record.

Completed forms are to be returned before **March 6, 2010** to: Payroll Department, 6 Edison Road, Falconbridge, ON P0M 1S0 or Faxed (705) 699-3226.

Signature: _____ Date: _____