



106-1915 Broad Hollow Gate, Mississauga, ON L5L 6A3
Telephone: 905-569-9008 Toll-free: 1-800-661-4319
Fax: 905-820-2972 www.stewardscanada.org

REGISTERED RETIREMENT SAVINGS PLAN

Application for Membership

MAIL TO:
Stewards Canada
106-1915 Broad Hollow Gate
Mississauga, Ontario L5L 6A3

CONTRACT NUMBER:
#8260450

I hereby apply for membership in the Stewards Canada Registered Retirement Savings Plan ("RRSP") and I request that the Plan be registered as a retirement savings plan under the Income Tax Act and, if applicable, the Taxation Act (Quebec). I also appoint Stewards Canada to act as my agent in any dealings with B2B Trust. I acknowledge that I have received and read a copy of the Stewards RRSP Plan provided to me and I understand that the Plan is governed by the provisions contained therein. I understand that in accordance with the Income Tax Act and, if applicable, the Taxation Act (Quebec), income tax may be payable on any benefits paid under the Plan.

A. PERSONAL DETAILS:

Last Name: _____ First Name: _____
Middle Name: _____
Street and Number: _____
City: _____ Province: _____ Postal Code: _____
Date of Birth: _____ dd/mm/yy Phone Number: _____
S.I.N Number: _____

B. SOURCE OF FUNDS:

New Contribution RRSP Transfer 60J Transfer 60L Transfer DPSP Transfer Other

Make cheque payable to Stewards Canada

Contribution Amount: _____ Date Received: _____

C. BENEFICIARY DESIGNATION:

I hereby revoke any previous designation made by me under the provisions of the Plan and pursuant to the provisions of the Plan hereby designate the following as my beneficiary to receive any interest in the Plan on my death:

Name: _____ Relationship: _____

Address: _____



106-1915 Broad Hollow Gate, Mississauga, ON L5L 6A3
Telephone: 905-569-9008 Toll-free: 1-800-661-4319
Fax: 905-820-2972 www.stewardscanada.org

D. SPOUSAL PLAN:

I hereby designate this RRSP as a Spousal Plan under the provisions of the Income Tax Act with my spouse as the annuitant and beneficiary of such plan.

Spouse's Last Name: _____ First Name: _____

Middle Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ dd/mm/yy Phone Number: _____

S.I.N Number: _____

E. SIGNATURES:

Applicant

Name (printed)

Date

Accepted by: Stewards Canada

Name (printed)

Date

B2B Trust

Name (printed)

Date