**BMO Insurance**

**BMO GIF Administrative and Services Office**
250 Yonge Street, 9th Floor, Toronto, ON M5B 2M8
Tel: 1-855-639-3867  Fax:  1-855-747-5613
E-mail: ClientServices.BMOLifeGIF@bmo.com

## CORPORATE CONTRIBUTION TO AN INDIVIDUAL OR SPOUSAL RRSP/TFSA AUTHORIZATION FORM

This form is to be used for contributions paid from a corporation, sole owner/operator, sole proprietor or partnership account into an individual RRSP/TFSA Account.

EMPLOYER / ENTITY NAME:

EMPLOYEE / INDIVIDUAL NAME:

### APPOINTMENT:

I/We, the employee or individual named above, acknowledge that I/We have appointed my/our employer or the other entity named above as my/our agent to administer a contribution on my/our behalf into the RRSP/TFSA account named below:

RRSP/TFSA Account No.: _____

Name of Planholder: _____

### THE RRSP/TFSA ACCOUNT IS:

☐ My account – I am the RRSP/TFSA planholder OR

☐ My spouse or common-law partner's RRSP account – Although the contribution receipt will be issued in my name, my spouse or common-law partner is the RRSP planholder.

### TYPE OF CONTRIBUTION: (Choose either A or B)

**A** ☐ A single contribution paid by cheque: ***Please attach cheque made payable to BMO Life Assurance Company.***

Amount $ _____ Date of payment (dd/mmm/yyyy): ___dd/mmm/yyyy___

**B** ☐ A single transfer from the "corporate" account number: _____ of my employer or other entity (corporation/sole owner/proprietor/partnership account) at BMO Life Assurance Company into the RRSP/TFSA Account.

### DIRECTION AND ACKNOWLEDGEMENT BY EMPLOYEE / INDIVIDUAL:

I direct that the contribution described on this form be made and acknowledge that this contribution will be applied/recognized towards my personal RRSP/TFSA.

X _____          ___dd/mmm/yyyy___
Employee's or Individual's Signature                                            Date (dd/mmm/yyyy)

### ACKNOWLEDGED BY THE EMPLOYER / ENTITY:

I/we acknowledge, as the employer or other entity administering the payment as a contribution into the RRSP/TFSA, that I/we are responsible for the T4 or other tax reporting or for deducting and remitting withholding taxes as required with regard to the payment.  I/we also acknowledge that the contributions made belong to the Employee/Individual named above and they represent:

State reasons why Employee/Individual are entitled to contribution (e.g. bonus, salaried income) _____

_____          X _____          ___dd/mmm/yyyy___
Name of Signing Officer                         Signature of Signing Officer                         Date (dd/mmm/yyyy)

_____          X _____          ___dd/mmm/yyyy___
Name of Signing Officer                         Signature of Signing Officer                         Date (dd/mmm/yyyy)