ST. STANISLAUS - ST. CASIMIR'S POLISH PARISHES CREDIT UNION LIMITED

REGISTERED RETIREMENT SAVINGS PLAN SUBSEQUENT DEPOSIT FORM

CONTRACT NUMBER

DEPOSIT DATE

DAY	MONTH	YEAR

ACCOUNT NUMBER

APPLICANTS NAME (SURNAME FIRST)

TEL. _____

SOCIAL INSURANCE NUMBER

SUBSEQUENT DEPOSIT

ENCLOSED HEREWITH
- ☐ CHEQUE
- ☐ CASH
- ☐ DEBIT ACCOUNT

DEPOSIT AMOUNT

MINIMUM DEPOSIT - $25.00

PRESENT RATE OF INTEREST

It is the participant's responsibility to ensure deposits do not exceed the maximum amount deductible under the Income Tax Act (Canada).

CONTRIBUTOR'S NAME IF OTHER THAN PLAN HOLDER

CONTRIBUTORS SOCIAL INSURANCE NUMBER

DATE _____ SIGNATURE OF CONTRIBUTOR _____

St. Stanislaus – St. Casimir's Polish Parishes Credit Union Limited hereby acknowledges receipt of the above noted deposit amount upon the terms and conditions to such deposits as contained in the St. Stanislaus – St. Casimir's Polish Parishes Credit Union Registered Retirement Savings Plan.

PER _____
St. Stanislaus – St. Casimir's Polish Parishes Credit Union Limited

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