



**RETIREMENT COMPENSATION ARRANGEMENT (RCA)
QUOTATION REQUEST QUESTIONNAIRE**

Fax to: Sean McKenna MCA- (416) 693-0527

Submitted By: _____	Company: _____
Phone: () _____	
Fax: () _____	E-Mail: _____

Company: _____

Address: _____

Phone: () _____ Fax: () _____

To obtain an Actuarial Certificate for an RCA, please provide the information requested in the table below. Earnings must include all T4, T4A and T4PS income from your company (or related companies).

Date of Incorporation: _____ Company Yearend: _____

	<u>Plan Member</u>	<u>Member's Spouse</u> (if participating)
Full Name	_____	_____
Date of Birth (DD/MM/YYYY)	_____	_____
Date of Hire (DD/MM/YYYY)	_____	_____
Position in Company	_____	_____

Best 3 Years T4 earnings:

Year	Member Earnings	Year	Spouse Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the plan member ever been a member of a pension plan or deferred profit sharing plan registered by this employer? _____

If so, what are the contribution balances in the Plan as at December 31, 2005:

Plan Member _____ Spouse _____

Are Plan Benefits to be determined according to:

- a) Accumulations of RCA contributions made on behalf of Plan Members?
- b) A formula, based on the Earnings of the Plan Member?

If b) what is the: pension formula (e.g. 2% of earnings) _____

normal retirement age _____

normal form of Pension _____

level of post-retirement indexing _____

Are Plan Members permitted to make contributions to the Plan in amounts not exceeding the contributions by the Corporation on their behalf? Yes No