



Group RRSP Remittance Form

199 Bay Street, Suite 610 PO Box 35 STN Commerce Court Toronto, ON M5L 0A3 Tel: 416.964.0660. Toll Free: 1.800.265.6424

1. Company name	•			1 1 1 1 1	Date (mm/dd		
		Pay period	from (mm/dd/yyyy) To (mm	n/dd/yyyy)	Date (mm/dd	/уууу)	
2. Remittance							
Account number	S.I.N.	Employee name	Spousal deposit ☑	Employee contribution	Employer contribution	Total contribution	
					Total remittance	\$	
Make cheque pay	able to B2B Bank Deale	r Services		Cheques mu	st equal this amount		
3. Dealer/Represe	ntative/Employer Inforn	nation					
-							
Dealer name (please print)		Land Land Land Land Land Land Land Land	Employer contact na	Employer contact name			
			-				
Representative's name (please print)		REP number		Employer Telephone number			