INDIVIDUAL PENSION PLAN (IPP) INFORMATION REQUIRED FOR PERSONAL ANALYSIS

GENERAL INFORMATION						
Employer's name						
Member's name						
Date of birth			Gender :			
Date of hire						
Province of employment Québec						
Significant shareholder / Connected person *		Yes Since :	🗌 No			
Annual salary rate for the year 2024						
Unused RRSP room as of December 31, 2023						
Most recent Market Value of the RRSP						

* A connected person directly or indirectly (through the spouse, brother, sister, child, grand-child, father, or mother) owns 10% or more of the issued shares of the capital stock of the employer or a related corporation (ITR 8500(3)).

PAST SERVICE INFOR				
	2023			
	2022			
	2021			
	2020			
	2019			
	2018			
Historical	2017			
	2016			
Compensation	2015			
(excluding dividends)	2014			
	2013			
Box 14 of T4 form	2012			
or	2012			
Line 101 of federal tax	2010			
declaration	2009			
(seperately for each employer)	2009			
	2008			
	2006			
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INFORMATION ON THE PARTICIPATION IN ANOTHER RETIREMENT VEHICLE

- a) Does the member participate, or has she/he participated, in the following plans? In the affirmative, during which period?
 - A DPSP? Yes Period : No No
 - ∏ No Another Pension Plan? Yes Period : _____
- b) If you have answered yes to the preceding question a), what is the Market Value of the following designated savings:

BROKER OR ACCOUNTANT (if applicable)							
Company's name							
Contact person							
Email address			Phone:				
I hereby authorize Gamma Actuarial Consulting Inc. to disclose the information provided on this							
form to the aforementioned broker or accountant.							
Yes 🗌 No	\square						

Yes No

CONFIDENTIALITY OF THE REQUESTED INFORMATION

The requested information constitutes confidential personal information and, as such, will be treated by Gamma Actuarial Consulting Inc. according to its privacy policy within the framework of the mandate.

IDENTIFYING PURPOSES FOR COLLECTION OF INFORMATION

The requested information will be used for preparing a projection of contributions to be made to the IPP during the upcoming years.

LIMITING THE USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

The confidential information will be kept by Gamma Actuarial Consulting Inc. as long as the retirement plan will be in effect and that Gamma Actuarial Consulting Inc. will be the appointed consultant. If an IPP is not implemented following the preparation of an illustration, the personal information will be destroyed, at the latest, on December 31 of the following year.

DECLARATION

I hereby consent that the information supplied to Gamma Actuarial Consulting Inc. within the framework of this mandate and on this form be used for the purposes described above and I hereby certify that, to the best of my knowledge, this information is complete and accurate.

Name

Signature

Date

