

# 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 *	<input type="checkbox"/> Yes Since : <span style="margin-left: 50px;"><input type="checkbox"/> No</span>		
Annual salary rate for the year 2026			
Unused RRSP room as of <b>December 31, 2025</b>			
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 INFORMATION

<b>Historical Compensation</b> (excluding dividends)  Box 14 of T4 form <i>or</i> Line 101 of federal tax declaration (seperately for each employer)	<b>2025</b>			
	<b>2024</b>			
	<b>2023</b>			
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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
- Another Pension Plan? ☐ Yes Period : \_\_\_\_\_ ☐ No

b) If you have answered yes to the preceding question a), what is the Market Value of the following designated savings:

• DPSP	
• LIRA	
• Pension from former employer	
• Other (specify)	

## 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 ☐

## 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