

# Request for quotation settlement information under a Registered Pension Plan (RPP)



PO Box 11464, Succ. Centre-ville, Montréal (QC) H3C 5M3  
 Tel.: 1-800-242-1704 Fax: 1-866-499-4480

This form is to be completed by the plan administrator/plan sponsor and is used for quotation purposes only.

Client no. <b>RS</b>	Subgroup no.	Certificate no.
Client name	Subgroup name	

### Section 1 – Employee/member information

Last name	First name	Initial	
Social Insurance Number			
Address (no., street, apt.)		City	
Province	Postal code	Home telephone	Business telephone
Date of birth (YYYY/MM/DD)			

### Section 2 – Request for the following settlement estimate(s):

Death as at (YYYY/MM/DD)

Termination as at (YYYY/MM/DD)

Retirement as at (YYYY/MM/DD)

without a spouse

with an eligible spouse born on (YYYY/MM/DD)

Quote(s) to be sent to:

Employee's/member's home address  
 or  
 Plan administrator or plan sponsor

### Section 3 – Plan administrator/plan sponsor authorization

Print name	Home telephone
Plan administrator's signature	Date (YYYY/MM/DD)