PRINT

Desjardins
Wealth Management
Securities

PAYMENT INSTRUCTIONS FOR RRIF AND LIF ACCOUNTS

Section 1 – Client's Information

Name of the Client:	Account Number:
Name of the Investment Advisor:	Branch:

Section 2 – Amount

☐ Check if instructions are the same as last year

Or, choose one of the following: ☐ Minimum ☐ Maximum ☐ Elected ☐ Gross Amount ☐ Net Amount ____________ Amount

For RRIF and LIF plans, if the gross amount entered is under the minimum amount allowed by the Canada Revenue Agency, the amount entered will be replaced by the minimum allowed.

In addition, for LIF plans, the gross amount cannot exceed the maximum amount established by the jurisdiction regulations. Therefore, if it is the case, the amount entered will be replaced by the maximum allowed.

Section 3 – Payment Option

☐ Check if instructions are the same as last year

Or, choose one of the following:

☐ Direct deposit: ____________ Account Number ☐ Cheque by mail ☐ Transfer to a regular account: ____________ Account Number

Section 4 – Special Income Tax (on request)

☐ Check if instructions are the same as last year

Or, choose one of the following:

☐ Tax on the total payment ☐ Tax on the amount in excess of the minimum amount

Income tax (in % or cash): Federal: ____________ Provincial: ____________

Section 5 – Frequency of Payments

☐ Check if instructions are the same as last year

According to the last instructions, the last payment would have been made on: ____________ Date (YYYY-MM-DD)

Or, choose one of the following:

☐ Annual: My payment will be made on ____________ Date (YYYY-MM-DD)

☐ Monthly: My payments will be made on the ____________ (day) of every month.

☐ Semi-annual: My payments will be made on the ____________ (day) of the following months.

☐ January and July ☐ February and August ☐ March and September
☐ April and October ☐ May and November ☐ June and December

☐ Quarterly: My payments will be made on the ____________ (day) of the following months.

☐ January, April, July and October ☐ February, May, August and November ☐ March, June, September and December

☐ Comments: ____

Section 6 – Signatures

____________________ Client's Signature ____________ Date (YYYY-MM-DD)

____________________ Investment Advisor's Signature ____________ Date (YYYY-MM-DD)

For internal use only*

☐ Client informed of the tax consequences of its withdrawal

* Check the box in place of the client's signature for withdrawals of 50K or less.