

**Retirement Compensation Arrangement (RCA)
Actuarial Valuation Service Request Form
(To Determine Maximum Contribution Amounts)**

Version 2010-1

1. Employer Information

Company name: _____

Address (including postal code): _____

Telephone number: _____

Name of contact: _____ Title: _____

2. Employee Information

Name: _____
Surname Given Names Initials

Address (including postal code): _____

Gender: _____ (M/F)

Date of Birth: _____ (DD/MM/YYYY)

Date of Hire: _____ (DD/MM/YYYY)

Employment income reported on T4:

Year

2009: _____

2008: _____

2007: _____

2006: _____

2005: _____

2010 salary rate: _____

If T4 earnings were not the highest during the last five years, provide more T4 earnings history below including the years for which T4 earnings were highest:

Is the employee a member of a registered pension plan that the employer sponsors or participates in? (Please check the appropriate box)

No

Yes Please provide a summary of the pension plan provisions and attach the most recent pension plan member annual statement for the employee.

Please have this completed form faxed to (604) 730-1886 to the attention of "RCA Valuation" or emailed to RCA-AVR@westcoast-actuaries.com. Westcoast Actuaries Inc. will provide you with a fee quote and the estimated time for completion. Please note that pre-payment of fee is required if the employer is not an existing client of Westcoast Actuaries Inc.

Should you have any questions, please call us at (604) 730-1898.