

**Retirement Compensation Arrangement (RCA)  
Implementation Service Request Form**

Version 2010-1

**Company Information**

Full legal name: \_\_\_\_\_

Business Address: \_\_\_\_\_

(including postal code) \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Name of Authorized Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Date of incorporation (DD/MM/YYYY): \_\_\_\_\_

Fiscal year-end: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

CRA Employer Remittance Account Number<sup>1</sup>: \_\_\_\_\_

**Member Information**

Name: \_\_\_\_\_

Gender: Male  Female

S.I.N.: \_\_\_\_\_

Province of employment: \_\_\_\_\_

Birth Date (DD/MM/YYYY): \_\_\_\_\_

Hire Date (DD/MM/YYYY): \_\_\_\_\_

Residential Address: \_\_\_\_\_

(including postal code) \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>1</sup> Format is nine digits followed by the letters RP and then 4 digits (e.g. 12345-6789-RP0001).

**Information on Trust Arrangement**

Please check either A. or B. below and complete information as indicated. If Option B. is checked, Westcoast Actuaries Inc. will prepare the trust agreement using a template standard trust agreement that has been used for many RCA's.

**A. Trust Agreement with a Corporate Trustee (Trust Company)**

Name of Trust Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

(including postal code) \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Trust Agreement with Individual Trustees**

Please provide information below on the Individual Trustees:

Minimum – The minimum is one. If there is just one person acting as trustee, it is recommended that the trustee is not the member / beneficiary of the RCA.

Maximum - There is no maximum (bear in mind that it is not practical to have too many individuals acting as trustees). If there are more than three, use additional sheets as needed. Having an odd number of trustees is preferred as quorum of the trustees is based on a simple majority.

**Individual Trustee Information**

	(a)	(b)	(c)
Legal Name:	_____	_____	_____
Address <sup>2</sup> :	_____	_____	_____
	_____	_____	_____
Postal Code:	_____	_____	_____
Telephone:	_____	_____	_____

<sup>2</sup> Please use residential address for this purpose.

**Financial Advisor Information**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address (incl. postal code): \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Accountant Information**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address (incl. postal code): \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Information on Universal Life (UL) Policy**

Complete information below if the RCA Trust is going to invest in the cash value of a Universal Life (UL) policy with either the Company or the Member owning the insurance. A standard Split-Dollar Agreement between the Company and the RCA Trust will be prepared. If the policy has not been issued, you can provide this information to Westcoast Actuaries Inc. at a later date.

Policy Number: \_\_\_\_\_  
Owner of insurance:  Company  Member  
(check one)  
Name of Insurance Company: \_\_\_\_\_  
Address (incl. postal code): \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_