

REGISTERED RETIREMENT INCOME FUND PLAN UPDATE PAYMENT INSTRUCTIONS

Please complete online, print, and sign this form. * Mandatory fields.

RRIF ANNUITANT INFORMATION

*Member Number	<input type="text"/>	*Social Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*First Name	<input type="text"/>	Middle Name	<input type="text"/>	*Last Name	<input type="text"/>						
*Address	<input type="text"/>		*City/Town	<input type="text"/>	*Province	<input type="text"/>	*Postal Code	<input type="text"/>			
*RRIF Contract Number	<input type="text"/>	*Is this a Spousal Plan?	Yes	No	Email	<input type="text"/>					

RRIF PAYMENT INFORMATION

 Notes:
 · In the calendar year the RRIF is first funded, no payment is required.
 · All payments will be transferred to your High Interest Savings Account.

I elect to withdraw the minimum payment required

OR

 I elect to withdraw the payment amount of (amount must be greater than the minimum payment)

at the following payment frequency:

Annually with first the payment on	Semi-Annually with first the payment on	Monthly with first the payment on	Quarterly with first the payment on
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION OF UPDATE TO PAYMENT INSTRUCTIONS

 Date (MM/DD/YYYY)

 Annuitant Signature

OFFICE USE ONLY

 Date Received (MM/DD/YYYY)

 Accepted by Outlook Financial, as agent

 Date Processed (MM/DD/YYYY)