

**ATLANTIC BAPTIST FOUNDATION**  
**RETIREMENT INCOME FUND # RIF 1371**  
**INSTRUCTIONS FOR COMPLETING THE FORMS**

Please read carefully before completing forms  
(Complete each applicable form, **print firmly** so all copies are legible)

**DECLARATION OF TRUST**

Read the **Declaration of Trust**.

**RETIREMENT SAVINGS PLAN - APPLICATION**

The Contract Number on all forms will be completed by the Foundation office.

Complete the **Annuitant** information section.

If your RRSP / Pension is "Locked-In," provide the agreement.

Complete the Contract Detail section (if assistance is needed, call our toll free number listed below).

If your spouse has contributed to the RSP being transferred, complete the Contributor section.

Read the **Authorization** and the **Please Review Carefully** ..... sections at the bottom of the Application form and sign at the Annuitant's Signature to indicate your authorization and agreement.

**DESIGNATION OF BENEFICIARY**

Check "Retirement Income Fund" at top of form. Complete first section excluding Client No, Contract No, and Concentra Financial Use area.

Print Annuitant's name and address (town), and complete **Primary Beneficiary** section - usually a spouse and/or children. Complete **Alternate Beneficiary** area only if applicable.

Sign and date at the **Annuitant's Signature** section and have it witnessed by someone other than a spouse or beneficiary.

**SUBSCRIPTION FORM**

Check "Transfer-In" (second box), at the top of form.

Complete name, address, etc.

Check the appropriate box indicating payment method or authorization.

RRSP (Retirement Savings Plan), RPP (Registered Pension Plan), DPSP (Deferred Profit Sharing Plan), RRIF (Retirement Income Fund).

Check (second box) indicating the **Atlantic Baptist Foundation Retirement Income Fund**.

Sign and date "Subscriber's signature."

**RETIREMENT INCOME FUND - DEPOSIT FORM**

Complete the **Annuitant Information**.

Complete **Contributor Information** details if it is a spousal contribution.

Complete **Payment Information**, indicate the method of payment desired, the cheque address, or if direct deposit is requested, enter details of bank account into which the payments are to be transferred.

Current year area is to be left blank as the transferring institution withdraws the current year payout. There is no "basic minimum" in the first year. A withdrawal is not required in the first year; however, if a client chooses to make a withdrawal in the first year, it must be a specified amount.

At Next Year enter the payment amount and frequency (monthly payments are mid-month or month-end).

**Deposit Information**, check the appropriate Transaction Code.

Do not complete the Deposit Date or Deposit Amount; this will be completed at the Foundation office.

Sign and date at the **Annuitant's Signature** section at the bottom of the form.

## **DIRECT TRANSFER-IN**

To transfer from another institution, complete **Part I - Annuitant Request**.

Insert details of Transferor Institution - name, address, phone number.

Complete the Contract or Plan # from Transferor Institution.

If possible, attach a copy of the latest statement from your existing institution.

Check "Full Transfer" (Transfers take from 4 to 6 weeks to complete).

Check "From" appropriate fund, i.e. RRSP, RRIF, RPP, DPSP, or Retiring Allowance.

Check "To" Self Directed RIF - 1371 and "in cash" (all transfers are considered as cash).

The contact # will be entered at the Foundation office.

If from RPP/DPSP, check the appropriate box.

Date and sign as Annuitant.

Do not complete Part II.

## **STATUS CHANGE FORM (Contact the Office for this form)**

(This form is used only if there is a change in name, address, telephone number, or to change existing banking information or authorization, or to set up payments by electronic banking).

Complete the first section, **Personal Detail** - contract number, account type, and name.

Complete the second section, **Pre-Authorized Chequing and Banking Authorization**, only if the changes are to banking information and/or instructions.

Complete the third section, **Non Financial Changes**, if applicable.

It is not necessary to complete the rest of the form.

## **ADDITIONAL FORMS**

"Locked-In" regulations for RRSP/RRIF plans in some Provinces may differ and an additional form may be required. If so, the form may be requested from The Foundation office if it is not included in your package.

## **COMPLETED FORMS**

Send completed forms to: Atlantic Baptist Foundation  
35 Atlantic Baptist Ave  
Moncton, NB E1E 4N3

Print and keep copies for your files. If you require assistance in completing the forms, or if you need more information, please use the RRSP / RRIF Toll Free number:

**1-888-263-1444**

If no answer, leave your name, number, and a message, and you will be contacted as promptly as possible.

## **ADDITIONAL INFORMATION**

### **SAVINGS ACCOUNT - (Non Registered)**

The Foundation has a Savings Account Plan that pays a very competitive rate of interest. The savings are not locked-in and can be withdrawn partially or completely without penalty at any time. There are no administrative fees. It is an excellent way of building your savings for a special purpose.

*Thank you for using our financial services.*

**Atlantic Baptist Foundation**

**35 Atlantic Baptist Ave**

**Moncton, NB E1E 4N3**

**Tel: (506) 857-9482**

**Fax: (506) 852-4378**

**Email: [baptistfoundation@rogers.com](mailto:baptistfoundation@rogers.com)**

**Website: [www.baptistfoundation.com](http://www.baptistfoundation.com)**