

Contributory Professional Retirement Savings Plan (CPRSP) APPLICATION

NOTE: Doctors of BC offices will be **CLOSED** from December 22, 2017 to January 1, 2018.

PHYSICIAN NAME: _____ BIRTH YEAR: _____ MSP#: _____

ENTITLEMENT DETAILS: Current and previously not claimed

2015 CPRSP Basic \$ _____	LOS \$ _____	COMBINED \$ _____	2015 expires MARCH 31, 2018
2016 CPRSP Basic \$ _____	LOS \$ _____	COMBINED \$ _____	2016 expires MARCH 31, 2019
2017 CPRSP Basic \$ _____	LOS \$ _____	COMBINED \$ _____	2017 expires MARCH 31, 2020

TOTAL BASIC \$ _____ TOTAL AVAILABLE \$ _____

CLAIM OPTIONS: Circle ONE only. If not claiming all, the oldest entitlement(s) will apply first.

- a) Total Available b) 2015 Basic & LOS c) 2015 & 2016 Combined
d) Limited RRSP room, total CPRSP Basic and LOS cannot exceed \$ _____

PROOF OF MATCHING OPTIONS: (circle ONE only)

1. Attach a copy of your official contribution receipt or RRSP statement showing contribution(s) or self-directed deposit confirmation showing contribution.
2. My or my Spousal RRSP is with MD Mgmt. Confirm and EFT MD Management my CPRSP.
RRSP acct # _____ . If spousal RRSP – Spouse's Name: _____ Spouse's DOB: ____/____/____
mm / dd / yy
3. My or my Spousal RRSP is with MD Priv Inv Counsel. Confirm and EFT MD Priv Inv Counsel my CPRSP.
RRSP acct # _____ . If spousal RRSP – Spouse's Name: _____ Spouse's DOB: ____/____/____
mm / dd / yy
4. My Financial Advisor/Planner will complete the below in FULL to confirm matching.

RRSP Institution: _____

Advisor / Planner	Name: _____	Amt contributed by physician: \$ _____
	Signature: X _____	Date contribution made: ____/____/____ mm / dd / yy
	Contact Info: _____	If PAC (monthly contribution, start date): ____/____ mm / yy

CONDITION OF ACCEPTANCE: I hereby authorize Doctors of BC to remit my CPRSP to the financial institution as indicated on this form. I am the registered contributor. I certify that the information provided on this application is truthful and accurate and authorize the use of the information for the administration of the CPRSP Program. I will not withdraw from my Registered Savings Plan any funds I have received or will receive in the future from the CPRSP, my matching contribution and any accrued interest until my retirement from active medical practice in British Columbia. I have read and understood the plan rules (please refer to www.doctorsofbc.ca).

PHYSICIAN'S SIGNATURE: **X** _____ **DATE SIGNED:** ____/____/____
mm / dd / yy

**YOUR RRSP
INSTITUTION DETAILS**

Complete below in full OR leave blank if you check PROOF OF MATCHING OPTIONS 2. or 3. above.

Payable to (Institution Name) _____
Attention: _____
Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____
RRSP Acct # _____ **If RRSP # is spousal–Spouse's Name** _____
Spouse's DOB mm / dd / yy ____/____/____

OR If you are incorporated and your corporation has set up an IPP (Individual Pension Plan), please provide your IPP CRA Plan Reg. # _____

We mail CPRSP cheques via Canada Post only. For alternate delivery, complete below:

☐ Please hold my cheque for pick-up.

Contact: _____ Tel: _____

Note: Delivery arrangement and charges are your responsibility.

INTERNAL USE

Basic & LOS benefits: \$ _____

Turn over for detailed information on when and where to return this form.

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DEADLINES

Completed application forms are processed in date order (first in first out). For your RRSP institution to receive your CPRSP benefit before December 31, 2017, your completed application form must be received by **December 1, 2017**.

If claiming for 2017 income tax year, please submit no later than January 22, 2018 to meet CRA (Revenue Canada) deadline of March 1, 2018.

If you don't want your CPRSP paid until 2018, send your completed application in after January 1, 2018.

Physicians born in the year **1946** need to apply by December 1, 2017. This will allow your RRSP institution to receive your CPRSP before December 31, 2017.

NON-MEMBERS

For each Negotiated Benefits entitlement year, the maximum administration fee deducted is your equivalent Doctors of BC membership dues amount. Claiming the CPRSP Basic benefit will apply an administration fee of either 50% of the claim plus GST or the balance remaining, whichever is less, prior to payment. An administration fee receipt will be made available to you in February of the following year.

PROOF of MATCHING

Your matching RRSP contribution must be a minimum of the Basic benefit being claimed. The full LOS benefit from an entitlement year will **only be included** once the Basic benefit from the same entitlement year is matched and claimed in full.

NOTE: Both your contribution **AND** the Doctors of BC CPRSP takes up your RRSP contribution limit per CRA, please review your latest Notice of Assessment.

CORPORATION REQUIREMENTS for IPP (Individual Pension Plan)

Your corporation must meet the matching requirement in addition to the Doctors of BC portion. Your corporation on file with Doctors of BC will be paid the CPRSP claimed and no T4A will be issued to you personally.

SUBMISSION OPTIONS

PLEASE SUBMIT completed application form using **one** of the methods below. Copy is acceptable.

Email: benefits@doctorsofbc.ca (Preferred method, confirmation of receipt given.)

FAX: 604-638-2913

Mail: Suite 115 – 1665 West Broadway, Vancouver, BC V6J 5A4