

## INVESTMENT PRODUCTS

# Dental Edge Group RRSP Service Staff Payroll Form

For investment planning advice or assistance filling out this form, call: **CDSPI Advisory Services Inc.**  
1.800.561.9401 or 416.296.9401, Email: [investment@cdspi.com](mailto:investment@cdspi.com)

Please return the completed form to:  
**CDSPI**, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4

**DENTISTS:** The Dental Edge Group RRSP Service makes it easy and convenient to help your staff save for retirement. Please complete this form to contribute to your employees' (or employee's) RSP account(s). Then return the form in the mail with a cheque payable to CDSPI.

*Annuity Contract Issued By: Sun Life Assurance Company of Canada*

### SECTION 1 Employer Information (Dentist)

<p><b>A. Name of Employing Dentist (please print)</b></p> <p>Dr. _____</p> <p>First Name _____ Initial _____</p> <p>_____</p> <p>Last Name _____</p>	<p><b>B. Business Name (if applicable):</b></p> <p>_____</p> <p>_____</p> <p>Business Phone _____ Business Fax _____</p>
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### SECTION 2 Employee Deposit Information

EMPLOYEE NAME	EMPLOYEE RSP ACCOUNT NO.	EMPLOYEE CONTRIBUTION	EMPLOYER CONTRIBUTION (IF APPLICABLE)	TOTAL CONTRIBUTION
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Cheque Total \$**

### SECTION 3 Payment Information

Cheque is enclosed and made payable to CDSPI.

**NOTE:** Please send CDSPI this completed form and a cheque for the total deposit amount each time you would like a staff payroll RSP deposit processed. Please allow sufficient time for CDSPI to receive the cheque. The deposit will be processed on the day for which the cheque is dated.

### SECTION 4 Authorization (signed and dated by Dentist)

Signature of Dentist	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> <p style="text-align: center; font-size: small;">Date (DD/MM/YYYY)</p>				

### SECTION 5 Contact Information (In the event a CDSPI representative has questions about this request)

Name of Office Contact	Phone
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