

IPP minimum amount generic amendment

Plan name		Canada Revenue Agency registration number	
Plan administrator's name		Contact	
Address	_		
City/town	Province	Postal code	
Certification that the pla	an is amended using the ge	eneric wording – IPP minimum amount	
Ι,		am the authorized officer for the administrator of the	
above-noted registered per	Name nsion plan, and I certify that this p	plan is amended to include the following statement with effect from	
January 1, 2012.			
	artner of a deceased member,	lan will pay out to a person, who is a member or the surviving each year after the year in which the person attains 71 years of	
 the regular retirement 	nt benefits payable to the person	on in the year pursuant to the plan terms; and	
 the IPP minimum am 	ount as defined under subsec	tion 8500(1) of the <i>Income Tax Regulation.</i> "	
Date (YYYY-MM-DD)		Authorized person's signature	
Position or title		Telephone number	

Send to:

Registered Plans Directorate Canada Revenue Agency Ottawa ON K1A 0L5

Please keep a copy for your records.

