



Application for a Retirement Compensation Arrangement (RCA) Account Number

Employer's language of choice. English French
 Custodian's language of choice. English French

Do not use this area
Employer account number

Attach a signed copy of the retirement compensation arrangement (RCA) trust agreement to this application

Employer's legal name	
Employer's address	Mailing address (if different)
Name of employer's representative	Telephone number
RCA trust's name	Date the RCA became effective
Custodian's name	Telephone number
Custodian's address	Mailing address (if different)
Name of custodian's representative	Telephone number

If you made contributions to the custodian for this RCA trust, list the dates and amounts of those contributions (attach a separate list if necessary).

Date	Amount	Date	Amount	Date	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

If you intend to contribute to the custodian in the year the RCA becomes effective, list the expected dates and amounts of those contributions (attach a separate list if necessary)

Date	Amount	Date	Amount	Date	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

Important
 Any employer entering, or who have entered, into an RCA has to withhold a 50% tax from each contribution made to the custodian of the RCA. The employer has to remit the tax withheld to the receiver general for Canada no later than the 15th day of the month in which the tax was withheld.

Address where books and records of the RCA trust will be kept (select one box only).

1 Employer's address 2 Custodian's address

3 Other address _____

Will the custodian make distributions out of this RCA trust to more than one employee? Yes 1 No 2

Certification

I certify that the information on this form is correct and complete

_____ Date _____ Signature

Send your completed application and a signed copy of the RCA trust agreement to the RCA Unit, Winnipeg Tax Centre, 66 Stapon Road, Winnipeg MB R3C 3M2. Keep a photocopy for your records.