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|  **AF 7406****Bluewater District School Board**351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 519-363-2014 or 1-800-661-7509 RETIREMENT GRATUITY DISPOSITION FORM |
|  | **Name (Surname, Given Name and Initial)** |  | **Employee ID Number** |  |
|  |       |  |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Current Address** |  |
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|  | **Retirement Date** |        |  |  **Employee Group** |        |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **SECTION 1: Transfer of funds to a Registered Retirement Savings Plan (RRSP)/ Registered Pension Plan (RPP) –** **Details of transfer** |  |
|  | I hereby direct Bluewater District School Board (BWDSB) to transfer funds as follows: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | A. Eligible amount to be transferred to RRSP/RPP | $       |  (Amount must be equal to or less than the “RRSP  Maximum” for pre-1996 service on your gratuity calculation) |
|  | B. Non-eligible amount to be transferred to RRSP/RPP | $       |  (Amount must be equal to or less than your RRSP contribution limit for the payment year) |
|  | **C. Total amount to be transferred to RRSP/RPP** | **$**       |  (A + B) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **From:** |       |  |
|  |  |  | Name of Employer |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **To:** | (Tick the box that applies to the plan) |  | [ ]  | **RRSP** |  | [ ]  | **RPP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |       |  |  |       |  |
|  |  |  | Name of Plan |  |  | Registration Number/Contract or Individual Plan Number |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |       |  |
|  |  |  | Name of Administrator or Issuer |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |       |  |
|  |  |  | Address of Administrator or Issuer (please include postal code) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Certification** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I certify that the issuer or administrator of the receiving plan has advised me that the plan is registered, or that the issuer of the recipient retirement savings plan will apply to register the plan under the Income Tax Act.I further certify that the “non-eligible amount to be transferred to RRSP/RPP” is equal to or less than my RRSP deduction limit for the year in which the payment will be completed. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |       |  |  |  |  |  |
|  |  |  | Date |  |  |  | Individual’s Signature |  |
|  | To defer the full RRSP/RPP transfer until the January following retirement, initial here: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Individual’s Initials |  |  |  |  |  |  |
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|  | **SECTION 2: Payment of funds not transferred to an RRSP/RPP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I hereby direct BWDSB to pay to me, by direct deposit into my bank account, the following retirement gratuity amount: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **$**       |  |  |  |
|  | I am aware that income tax will be deducted from funds not being transferred to an RRSP/RPP. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |       |  |  |  |  |  |
|  |  |  | Date |  |  |  | Individual’s Signature |  |
|  |  |  |  |  |  |  |  |  |
|  | To defer the full direct deposit payment until the January following retirement, initial here: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Individual’s Initials |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PLEASE RETURN COMPLETED ORIGINAL FORM TO THE HUMAN RESOURCES SERVICES DEPARTMENT****(faxed or emailed forms will not be accepted)** |
|  | Personal information collected on this form is collected under the authority of the Income Tax Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the transfer of retirement funds. Questions about this collection should be directed to the superintendent of education responsible for Human Resources Services, Bluewater District School Board, 351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 519-363-2014 or 1-800-661-7509 |  |
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|  | Revised 08.31.2022 (Approved 2011.02.16)  |  |