

RIF Payment Change/Additional Payment Form

Please use this form if any changes are to be made to scheduled RIF payments or requesting additional Payments.

Please indicate one of the following choices:

- Minimum Required**
(Part of Or Balance of Minimum) \$ _____
- Elected Amount** \$ _____
(Must be above minimum) (Requires Client Signature to Change)
- Additional/Lump Sum Payment from my RRIF/LIF/LRIF/PRIF**
\$ _____
Gross/Net Amount to be paid
(Requires client signature)

TAX WILL BE WITHHELD ON ANY ADDITIONAL/LUMP SUM PAYMENTS

Payment Options

Payment Frequency:
Monthly ____ Quarterly ____ Semi-Annually ____ Annually ____

Payment Date:
10th ____ 15th ____ 25th ____ Other Date _____
(not available for payment method "Cheque to Client")

Blended Tax Payments Yes ____ No ____ Extra Withholding Tax _____ %
(option only for payments above minimum) (indicate percentage)

Payment Method:

EFT to Bank ____ or Trading Account ____ or Cheque to Client ____

Indicate Trading Account _____

Effective Date: _____

***NOTE: Clients using Electronic Funds Transfer (EFT) for the first time must complete the Authorization Form for EFT with a VOID CHEQUE Attached.**

CLIENT NAME (please print) _____

CLIENT ACCOUNT NUMBER _____

CLIENT SIGNATURE _____
(Required for \$ amount changes or Additional Payments)

DATE _____

THIS REQUEST MUST BE RECEIVED 3 BUSINESS DAYS PRIOR TO THE SCHEDULED PAYMENT DATE TO ENSURE SYSTEM PROCESSING.

Upon completion please return this form to:

Fax: 514-875-3271

Email: f]Z@nbcn.ca