Credential Direct

Change of Registered Income Fund Payment Instructions

(RIF/LIF Payment Schedules)

Annuitant Name: _____

Account Number: _____

Plan Type: ☐ RRIF ☐ LIF ☐ LRIF ☐ RLIF ☐ PRIF

Payment Amount (Select One)

☐ Minimum amount required by law

☐ Elected amount of Gross $_____ or Net $_____ **per payment** (amount must be equal to or greater than the minimum)

☐ Maximum amount allowed by law (for LIF & LRIF accounts)

Payment Instructions

Payment Date: ☐ 15th or ☐ 30th Start Date (mmm/yyyy): _____

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Yearly

Payment Direction: ☐ EFT[1] (Please attach a void cheque if new)

[1] *If more than one account on file, please specify:* _____

☐ Canadian Dollar Trading Account _____

Special Withholding Tax Instructions

I elect the amount of $_____ or _____ % withholding tax to be deducted **per payment**.

Note: The withholding tax elected must be equal to or greater than the required withholding tax by law.

Additional Instructions

☐ Stop all payments until further notice (**Note:** By law the minimum amount must be paid)

☐ Other:

Authorization

By signing below, I the Annuitant, confirm and approve the above instructions. I understand that I can change these instructions at any time by completing and signing a new form.

X _____ _____

Annuitant Signature Date (dd/mmm/yyyy)

Please ensure there is sufficient cash available in your account for each payment.

If you require a systematic Mutual Fund redemption to cover these payments, please complete a Credential Direct Systematic Plans for Mutual Funds form.