OPTIMUM
Actuarial Consulting

Data Request for the Implementation of an Individual Pension Plan (IPP)

I - Participating Employers (who will contribute to the IPP and pay T4 earnings to participants)

Employer 1

Legal Name: _____ Date of Incorporation (YYYY/MM/DD): _____

Federal Business Number*: _____ RP _____ * Number under which payroll deductions are remitted to CRA

Person to Contact: _____

Company Address: _____

Company Phone: _____ Fiscal Year-end Date (YYYY/MM/DD): _____

Company Type: Select Federal or provincial registration? Select

Employer 2 (if applicable)

Legal Name: _____ Date of Incorporation (YYYY/MM/DD): _____

Federal Business Number*: _____ RP _____ * Number under which payroll deductions are remitted to CRA

Person to Contact: _____

Company Address: _____

Company Phone: _____ Fiscal Year-end Date (YYYY/MM/DD): _____

Company Type: Select Federal or provincial registration? Select

II - IPP Members

Member 1

Name: _____

Gender: _____

Date of Birth (YYYY/MM/DD): _____

Date of Employment (YYYY/MM/DD): _____

Social Insurance Number: _____

Marital Status: Select

Spouse Name: _____

Spouse's Date of Birth (YYYY/MM/DD): _____

Participant T4 Earnings:

Employer 1	Employer 2 (if applicable)	Employer 1	Employer 2 (if applicable)
1991		2009	
1992		2010	
1993		2011	
1994		2012	
1995		2013	
1996		2014	
1997		2015	
1998		2016	
1999		2017	
2000		2018	
2001		2019	
2002		2020	
2003		2021	
2004		2022	
2005		2023	
2006		2024	
2007		2025	
2008		2026 (estimate)	

Member 2

Name: _____

Gender: _____

Date of Birth (YYYY/MM/DD): _____

Date of Employment (YYYY/MM/DD): _____

Social Insurance Number: _____

Marital Status: Select

Spouse Name: _____

Spouse's Date of Birth (YYYY/MM/DD): _____

Participant T4 Earnings:

Employer 1	Employer 2 (if applicable)	Employer 1	Employer 2 (if applicable)
1991		2009	
1992		2010	
1993		2011	
1994		2012	
1995		2013	
1996		2014	
1997		2016	
1998		2016	
1999		2017	
2000		2018	
2001		2019	
2002		2020	
2003		2021	
2004		2022	
2005		2023	
2006		2024	
2007		2025	
2008		2026 (estimation)	

III - Advisor (if applicable)

Advisor 1

Name: _____

Company: _____

Email: _____

Phone: _____

Advisor 2 (if applicable)

Name: _____

Company: _____

Email: _____

Phone: _____

IV - Other Required Information

Member 1

Does the member hold **directly or indirectly** (spouse, brother, sister, child, grandchild, father, mother, etc.) 10% of a category of shares of the compagny?

	Date	Amount ($)
Balance of all RRSP Accounts:		
Unused RRSP Room at 2025/12/31:		
Year-to-date RRSP Contribution:		
Balance of all LIRA Accounts, if any:		

Does the member participate in any other pension or deferred profit-sharing plan or any other employer-related plan? If no, skip to the next question.

If so:

Plan Type: Select

Beginning of Participation (YYYY/MM/DD):

Has the member ever participated in another pension plan, deferred profit-sharing plan or any other employer-related plan? If no, proceed to the next question.

If so:

Plan Type: Select

Beginning of Participation (YYYY/MM/DD):

End of Participation (YYYY/MM/DD):

Have plan assets been transferred to an RRSP and/or LIRA? Select

Member 2

Does the member hold **directly or indirectly** (spouse, brother, sister, child, grandchild, father, mother, etc.) 10% of a category of shares of the compagny?

	Date	Amount ($)
Balance of all RRSP Accounts:		
Unused RRSP Room at 2025/12/31:		
Year-to-date RRSP Contribution:		
Balance of all LIRA Accounts, if any:		

Does the member participate in any other pension or deferred profit-sharing plan or any other employer-related plan? If no, skip to the next question.

If so:

Plan Type: Select

Beginning of Participation (YYYY/MM/DD):

Has the member ever participated in another pension plan, deferred profit-sharing plan or any other employer-related plan? If no, proceed to the next question.

If so:

Plan Type: Select

Beginning of Participation (YYYY/MM/DD):

End of Participation (YYYY/MM/DD):

Have plan assets been transferred to an RRSP and/or LIRA? Select

V - Privacy of Personal Information

The information requested is personal information.
This information will be used to prepare an IPP simulation for the member(s).
The personal information will be retained by Optimum Actuarial Consulting Inc. for as long as the IPP is in effect and Optimum Actuarial Consulting Inc. is the actuary. If the IPP is not implemented, the personal information provided will be destroyed no later than December 31st of the year in which the simulation is requested.

VI - Statement

I consent to the use of the personal information provided to Optimum Actuarial Consulting Inc. on this form for the purposes of the IPP simulation and its eventual implementation.
I confirm that, to the best of my knowledge, this information is complete and accurate.
I authorize Optimum Actuarial Consulting Inc. to provide access to my personal information, my IPP simulation and any other IPP documents to the advisor indicated on this form, if applicable.

Name:

Signature:

Date (YYYY/MM/DD):

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