



**Self-Directed RRIF/LIF/LRIF/RLIF
Payment Request Form**

Branch _____

RRIF/LIF/LRIF/RLIF Account # _____

Account Name _____

EXTRA PAYMENT –ServiceLink required

Please make an extra payment, over and above my existing payment schedule, in the amount of:

Currency: \$C \$U **Note: Only one currency is allowed. Payments+Taxes will be in chosen currency**
 \$ _____ Gross Net

DIRECTION OF PROCEEDS: EFT to Bank Account on File Mail Cheque
 Transfer to my RBC Dominion Securities Regular Account #: _____

Please note: that the minimum payment amount must be used before tax can be applied to an extra payment (unless the standing instructions are: All payments should be taxed at a special rate). When the minimum amount payable has been depleted, regular tax rates will then apply to all subsequent payments.

AMEND PAYMENT SCHEDULE –ServiceLink required

Please make the following changes to my existing payment schedule:

FREQUENCY: Annual Semi-Annual Quarterly Monthly

Date to be paid: _____ (day of month)

EFFECTIVE DATE: _____ (month of first new payment)

CURRENCY: \$C \$U **Note: Only one currency is allowed. Payments+Taxes will be in chosen currency.**

PAYMENT AMOUNT: Minimum amount for each year Maximum amount of each year (RLIF/LIF/LRIF's only)

Elected amount for each year

Please note: elected payments can not exceed the legislated maximum allowable on LIF/RIF plans.

Gross payment of: _____ Net payment of: _____

Please charge _____% in Federal Tax or _____% in Provincial Tax on all payments

OR please deduct \$ _____ in Federal Tax or \$ _____ in Provincial Tax on all payments.

Please note: special tax rates or amounts may be applied to all payments to avoid year-end obligations.

AMEND METHOD OF PAYMENT –Scan into Vitria-no ServiceLink required

EFT Direct to Bank Account (within Canada). **Attach void personalized cheque or bank confirmation letter.**

Currency: \$C \$U **Note: Only one currency is allowed. Payments+Taxes will be in the chosen currency.**

Transfer to my RBC Dominion Securities Regular Account #: _____

Date _____

Plan Holder's Signature (required) _____