



**CWCF
FCCT**

**COMMON GOOD
CAPITAL**
REGISTERED PLANS PROGRAM

DEPOSIT FORM

**Account
Information**

Account Holder Name: First _____ Last _____

Account Number: 00 _____ Account Type: **RRSP** **Spousal RRSP** **TFSA**

**Contributor
Information
(Spousal
RRSP only)**

Complete this section only if making a deposit to/from a Spousal RRSP.

CGC does not allow co-mingling of spousal and non-spousal deposits. If a deposit is made from a spousal RRSP to a non-spousal RRSP, that contract becomes a spousal RRSP in every respect.

Contributor Name: First _____ Last _____

Contributor's SIN: _____

**Deposit
Details**

Please indicate the type of deposit being made to your Registered Plan:

Cash Contribution Amount: \$ _____

Cash Transfer Expected amount: \$ _____

In-Kind Contribution*

In-Kind Transfer*

**For in-kind deposits, please complete the "Securities Details" section below.*

Transfer from a deceased spouse's RRSP/RRIF/TFSA

Transfer from a retiring allowance / severance pay

Homebuyers Plan / Lifelong Learning Plan repayment

Transfer from RRIF

Please note: Official RRSP tax receipts are issued for cash and in-kind contributions. In general, transfers from another registered plan do not generate a tax receipt, as the property has already been registered. There are some exceptions, including certain estate situations, as well as transfers from a RRIF or RESP. TFSA contributions are not tax deductible due to the tax-free nature of the account.

**Security
Details
(In-kind
deposits only)**

Complete this section only if depositing an in-kind contribution or transfer.

Please include the following details in your description of the securities, as applicable: name of issuer, class, quantity, and certificate number.

Investment Description: _____

Value: _____

Investment Description: _____

Value: _____

**Account Holder
Authorization**

Date: _____ Account Holder Signature: _____

Authorized Sub-Agent Signature: _____

Sub-Agent Name (please print): _____ Phone: _____

**CWCF
OFFICE USE ONLY**

Deposit Date (MM/DD/YYYY): ____/____/20____

Deposit Amount: \$ _____