



# RETIREMENT SAVINGS PLAN (RSP)

APPLICATION FORM  
FINANCIAL ADVISOR SERVICES

<b>PLEASE COMPLETE ALL SECTIONS OF THIS FORM TO ENSURE QUICK PROCESSING</b>			
TYPE OF ACCOUNT: <input type="checkbox"/> RSP GIC <input type="checkbox"/> RSP Savings Account			
TYPE OF CONTRIBUTION: <input type="checkbox"/> New Contribution <input type="checkbox"/> Transfer in (please complete and attach RRSP Transfer form T2033)			
TYPE OF RSP PLAN: <input type="checkbox"/> Individual RSP Plan <input type="checkbox"/> Spousal RSP Plan (spouse or common law partner)			AMOUNT: \$ _____
TENURE: <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs			

<b>ANNUITANT INFORMATION</b>				
Existing Customer of ICICI Bank Canada <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial Last Name			Date of Birth	
Residence Address (Current):			Social Insurance Number	
City	Province	Postal Code	Home Phone ( )	Email Address
Mailing Address: Same as Above <input type="checkbox"/>		<input type="checkbox"/> Other		

<b>Please indicate the type of original government issued document viewed to verify the identity of the client:</b>				
<input type="checkbox"/> Canadian Drivers License <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Other _____				
Document Number			Issued By	
Length of time at the current address    Years _____    Months _____    If less than 2 years please provide the previous address:				
Residence Address (Previous):				
City	Province	Postal Code	Home Phone ( )	
CURRENT EMPLOYER: Company Name		Occupation: Title / Position:	Contact Number ( )	Length of Time Employed

<b>CONTRIBUTOR INFORMATION (Applicable only for spousal plans)</b>				
Existing Customer of ICICI Bank Canada <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial Last Name			Date of Birth	
Residence Address (Current):			Social Insurance Number	
City	Province	Postal Code	Home Phone ( )	Email Address
Mailing Address: Same as Above <input type="checkbox"/>		<input type="checkbox"/> Other		

