

THE UNIVERSITY OF BRITISH COLUMBIA

Financial Operations

Section A – Personal Information (must be completed)		
Employee Name:		
Employee ID:		
Last day of employment:		
Mailing Address:		
(Include postal code and telephone number)		
Section B - Complete to confirm the payment of your retiring/severance allowance payments		
I wish my benefit paid in the following fashion:		
RRSP Portion \$		
RRSP Cheque to be payable to:		
RRSP Account #:		
Mailing Address:		
(Include postal code and telephone number)		
I hereby authorize you to direct my retiring allowance as per above.		
Signature:		
Date:		
I certify that this contribution to my RRSP is not above the amount of RRSP room available for this taxation year. I understand that any tax liability and fines resulting from this transaction is mine.		
Section C - (for T4 slip purposes)		
Eligible portion: (Box 66)	\$	
Non-eligible portion: (Box 67)	\$	
Total retiring allowance:	\$	

UBC Financial Operations, 6190 Agronomy Rd, Vancouver, BC V6T 1Z3