

Group Consolidated Cash Plan Set Up Form (CCP)

Instructions

1. This form is to be completed by an authorized Plan Administrator.
2. Read the document carefully, if you have any questions please do not hesitate to contact Group Plan Support at 1-800-665-0513.
3. This form is only valid if all appropriate sections are completed.

Please complete **one** of the applicable forms signed by an authorized signatory from the Plan Administrator.

CCP Deposits options

CCP Form A: Direct Deposit Contributions

For **Direct Deposit Contributions** the plan administrator walks directly into their dedicated Scotiabank branch and deposits the cheque into the Mackenzie Investments' Canadian dollar account. This is similar to making a regular deposit. Once the plan is set-up, the Plan Administrator will be provided with the Mackenzie Investments' bank account number and the Agent ID number which will be required to do a deposit.

CCP Form B: Interactive Voice Response (IVR)

To use the **Interactive Voice Response (IVR)** method, the plan administrator calls an automated Scotiabank toll-free number to make a deposit (which will be provided upon set-up). To initiate fund transfers through this method, the employer must be set-up on this system and in receipt of an Agent ID number. Detailed instructions for processing transfers will be forwarded to employers who have been set-up on this system. The IVR option is **not available** for Scotiabank customers as IVR cannot be done between accounts within the same financial institution.

CCP Form C: Wire Transfer/Electronic Fund Transfer (EFT)

To use the **Wire Transfer/EFT Method**, complete CCP Form C and Mackenzie will provide the Mackenzie Investments banking information to the Plan Administrator. The plan administrator wires or electronically sends money through the employer's corporate bank account to Mackenzie Investments' account at Scotiabank. No fees are charged by Mackenzie Investments or Scotiabank for this service, although there may be a charge by the institution sending the Wire or EFT transfer. In order to set up Mackenzie Investments as an online payment recipient, please speak with your banking institution for the set up procedures and additional information. Also, the Group Plan number must be provided when sending the EFT/Wire transfer to avoid any processing delays.

The above procedures are subject to change

Group Plan CCP Deposits

Preparing and sending the Contribution List

To get your Excel spread sheet, please contact Group Plan Support at 1-800-665-0513 or by email at groupadmin@mackenzieinvestments.com.

All contribution lists include

- Name of the Company
- Contribution amounts – Employee & Employer (if applicable) per employee
- Name of the employees and their account numbers
- Group plan number
- Name and telephone number of the plan administrator at the company
- Indication that it is for a Group Plan CCP Deposit
- Wire/EFT reference number (preferred) or Date/Time of the Wire/EFT transfer (Applicable only if using Form C)

The plan administrative contact who makes a group plan CCP deposit must send the contribution list to Mackenzie Investments when the funds are deposited into Mackenzie Investments' bank account. These contribution lists can be sent via:

- E-mail to electronicgroupdeposits@mackenzieinvestments.com. An electronic confirmation will be sent to your attention once the contribution list is received at Mackenzie Investments.
- Fax to 1-866-766-6623. All faxed contribution lists should quote **CCP deposits for Group Number _____**
- Mail to 180 Queen Street West, Toronto Ontario, M5V 3K1. Contribution list should quote **CCP deposits for Group Number _____**

Note: Failure to send the e-mail and follow up to confirm receipt may result in a delay of processing the transactions. Mackenzie Investments will not back date any trades. It will be the responsibility of the employer to ensure this procedure is carried out. The trade date assigned will be the date all documents are received in good order.

For further information required on contribution lists for Groups deposits please contact the Group Plan Support team at 1-800-665-0513 (toll-free).



Form A – Direct Deposit Contribution

- All sections must be completed.
- Information provided should match with that provided on the Group Plan set-up form.
- Please also note that we require notification of changes to banking information in writing.

EMPLOYER INFORMATION

Company's Full Name _____

Group Plan Number _____ Group Plan Type RRSP DPSP TFSA RESP Non-registered savings DCRPP

Address _____

City _____ Province _____ Postal Code _____

Contact Person _____ Telephone _____

Fax Number _____ E-mail Address _____

DEPOSIT INFORMATION

Anticipated Frequency of Deposit _____ Anticipated Average Amount per Deposit _____

DEDICATED SCOTIABANK BRANCH INFORMATION (This is the branch that deposits will be made at each time)

Branch Name _____ Branch Transit Code _____

Branch Address _____

PERIODIC RECONCILIATION REPORT

The plan administrator can choose to receive contributions reports after every contribution. The report provides confirmation of deposits.

Would you like to receive the contribution report(s) Yes No

If answered Yes, please choose if you would like to receive the report by: Email Address Fax Number

*Please sign below, acknowledging the above information is correct, and fax back to Mackenzie Investments at 1-866-766-6623.
Attention: GRSP Dept or e-mail to groupadmin@mackenzieinvestments.com.*

Authorized by (employer)

Print Name

Title

Signature

Date



Form B – Interactive Voice Response (IVR)

- All sections must be completed.
- Information provided should match with that provided on the Group Plan set-up form.
- The IVR option is **not available** for Scotiabank customers as IVR cannot be done between accounts within the same financial institution.
- A void cheque must be attached with the form.
- Please also note that we require notification of changes to banking information in writing.

EMPLOYER INFORMATION

Company's Full Name _____

Group Plan Number _____ Group Plan Type RRSP DPSP TFSA RESP Non-registered savings DCRPP

Address _____

City _____ Province _____ Postal Code _____

Contact Person _____ Telephone _____

Fax Number _____ E-mail Address _____

DEPOSIT INFORMATION

Anticipated Frequency of Deposit _____ Anticipated Average Amount per Deposit _____

EMPLOYER'S BANKING INFORMATION

Bank Name _____

Bank Address _____

City _____ Province _____ Postal Code _____

Bank Transit _____ Bank Account Number _____

PERIODIC RECONCILIATION REPORT

The plan administrator can choose to receive contributions reports after every contribution. The report provides confirmation of deposits.

Would you like to receive the contribution report(s) Yes No

If answered Yes, please choose if you would like to receive the report by: Email Address Fax Number

*Please sign below, acknowledging the above information is correct, and fax back to Mackenzie Investments at 1-866-766-6623.
Attention: GRSP Dept or e-mail to groupadmin@mackenzieinvestments.com.*

Authorized by (employer)

Print Name

Title

Signature

Date



Form C – Wire Transfer / Electronic Fund Transfer (EFT) Form

- All sections must be completed.
- Information provided should match with that provided on the Group Plan set-up form.
- A void cheque must be attached with the form.
- Please also note that we require notification of changes to banking information in writing.
- Please verify with your banking institution for the set up procedures for online payments after receiving Mackenzie Investment's banking information.

EMPLOYER INFORMATION

Company's Full Name _____

Group Plan Number _____ Group Plan Type RRSP DPSP TFSA RESP Non-registered savings DCRPP

Address _____

City _____ Province _____ Postal Code _____

Contact Person _____ Telephone _____

Fax Number _____ E-mail Address _____

DEPOSIT INFORMATION

Anticipated Frequency of Deposit _____ Anticipated Average Amount per Deposit _____

EMPLOYER'S BANKING INFORMATION

Bank Name _____

Bank Address _____

City _____ Province _____ Postal Code _____

Bank Transit _____ Bank Account Number _____

PERIODIC RECONCILIATION REPORT

The plan administrator can choose to receive periodic reconciliation reports by mail. The report provides confirmation of deposits.

Would you like to receive the contribution report(s) Yes No

If answered Yes, please choose if you would like to receive the report by: Email Address Fax Number

*Please sign below, acknowledging the above information is correct, and fax back to Mackenzie Investments at 1-866-766-6623.
Attention: GRSP Dept or e-mail to groupadmin@mackenzieinvestments.com.*

Authorized by (employer)

Print Name

Title

Signature

Date