

Saskatchewan Pension Plan: convenient and affordable!

- Contribute up to \$6,200 a year, until age 71.
- Contribute based on available RRSP deduction limit.
- Your spouse may contribute for you and receive a tax deduction if he/she qualifies under RRSP guidelines.
- Competitive rate of return.

Make your contribution fast and easy using your online banking service or by credit card at SaskPension.com

Tax deduction notes:

- Contributions to SPP are permitted up to a maximum of \$6,200 per year subject to your available RRSP deduction room. RRSP deduction room is based on your previous year's earned income. Your available room is reported each year on your Notice of Assessment issued by Canada Revenue Agency.
- **Contribution deadline for each tax year is March 1**, except during a leap year when the deadline is February 29. Contributions must be received by SPP on or before the deadline to qualify for deduction from the prior year's taxes.
- SPP contributions should be claimed on line 208 of your tax return. Separate tax receipts are issued for contributions made after March 1 or "during the remainder of the year" and for contributions made during the first 60 days of the year.
- SPP contributions are subject to the same attribution rules that apply to RRSPs.

Questions? VISIT SaskPension.com OR CALL 1-800-667-7153 OR EMAIL info@saskpension.com

Saskatchewan Pension Plan Contribution Form

Payable at most chartered banks and financial institutions in Canada.

<input type="text"/> Plan Member's Last Name		<input type="text"/> Given Name(s) & Initial(s)		\$ <input type="text"/> Contribution Amount
<input type="text"/> Account Number	<input type="text"/> Social Insurance Number	<input type="text"/> Plan Year for Contribution	<input type="text"/> Phone Number	<input type="text"/> Email
<input type="text"/> Mailing Address - Street or P.O. Box Number				<input type="text"/> Complete this area only if your spouse is claiming this contribution on their income tax return.
<input type="text"/> City, Town	<input type="text"/> Postal Code			Spouse Name _____ Spouse SIN _____
<input type="text"/> Credit Card #	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you completed an application for membership form?	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you changed your address in the last year?	<input type="text"/> Signature of Plan Member	
<input type="text"/> Expiry Date	<input type="checkbox"/> VISA <input type="checkbox"/> M/C	<input type="checkbox"/> Payment by Cheque		