



CANASA

Canadian Security Association

Association canadienne de la sécurité

Association Retirement Plan Applicant Information and Request to Quote Form

Retirement Plan Details and Applicant Information

Your Canadian Security Association (CANASA) membership offers a wide range of services and resources that will give you your best competitive advantage. One of those advantages is our Group Retirement Savings Plan offering.

CANASA has partnered with Apri Insurance Services Inc. to provide a Retirement Plan solution to members to be administered by Manulife Financial. A Brochure for the Manulife Future Step Product has been made available on your online employee web portal. Please review this document for more information.

APRI Insurance Services Inc. is a leading provider of Group Benefits, Individual Insurance, Special Risk and Group Retirement and Pension solutions. Our range of cost-effective benefit solutions are designed to help attract and retain the best employees, and enhance life for those who make your company successful.

Interested in implementing a plan? Please follow the instructions below and feel free to contact Apri Insurance Services Inc. if you have any questions or concerns.

1. Please fill out section #1-3 on the following page.
2. Forward all required information to Apri Insurance Services Inc. either by email or mail.

Apri Insurance Services
robert.evdokimenko@apriinc.com
604-605-3662

An Apri representative will be in touch to discuss the next steps with you as soon as they receive your applicant information and employee data sheet.

#1 - APPLICANT INFORMATION

Company Name:	
Contact Name:	
Address:	
City/Province:	Postal Code:
Telephone:	Email Address:
Years in Business:	Nature of Business:

#2 - RETIREMENT PLAN DESIGN DETAILS

Type of Plan?:
<input type="checkbox"/> RRSP
<input type="checkbox"/> DPSP
<input type="checkbox"/> Defined Contribution
<input type="checkbox"/> TFSA
Who is Eligible to Join?:
<input type="checkbox"/> All Employees
<input type="checkbox"/> A class of employees. If yes, please specify below.
How many employees/members will be participating?:
Employer Contributions (Percentage, Dollar, Other):
Employee Contributions (Percentage, Dollar, Other):
Waiting Period (None, 3 Month, Other):
Employer Withdrawal Restrictions (Y/N)?:

#3 - APRI CONTACT INFORMATION

Once you have successfully filled out the applicant information form please forward to:

Apri Insurance Services Inc.
Email: robert.evdokimenko@apriinc.com
Phone: 604-605-3662

An Apri Advisor will reach out to discuss plan design options upon receipt of your request to quote.