

The 2 - Minute RRSP LOAN Application



You will receive telephone confirmation upon receipt of your application. If you have any questions, we can be contacted by phone at 1-800-561-2557 or visit our website at www.tpcu.on.ca.

Step 1 - Your Information

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Account Number

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Date of Birth
(DD/MM/YY)

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Social Insurance Number

First Name

Last Name

Middle Initial

Address

E-mail Address

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Work Telephone Number

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Home Telephone Number

Step 2 - Please select the loan amount

\$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 Other* \$ _____

* if Other is selected you will receive a call from your Member Service Officer with further payment options

Please refer to the following chart which indicates your bi-weekly payment based on "the Prime Rate". For your convenience, the following bi-weekly payments reflect a 26 bi-weekly term with the inclusion of Credit Life and Disability Insurance.

Amount Borrowed	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Bi-weekly Payment	\$80	\$100	\$120	\$140	\$160	\$180	\$200

Step 3 - The Agreement

Yes, I wish to borrow from The Police Credit Union Limited the amount checked off above for deposit to my Credit Union RRSP.

Please debit my loan account and credit my RRSP in the amount checked off above, which I promise to repay to the Credit Union, with interest based on the "Prime Rate" (calculated daily and payable bi-weekly) on demand.

I understand that "the Prime Rate" is currently 6.00% per year and is subject to change from time to time without notice.

Until a demand is made, I agree to make the "Bi-weekly Payment" corresponding to "Amount Borrowed", in accordance with the chart above, beginning 30 days after the loan is made.

I direct my employer to deduct from my wages and remit to the Credit Union every two weeks, the amount of the "Bi-weekly Payment" indicated above in addition to any amount(s) already being deducted.

I authorize the credit union to perform any credit verification activities that are deemed necessary.

x _____
Member Signature Date (DD/MM/YY)

x _____
Witness Signature Date (DD/MM/YY)

Print name and address of Witness(es)

Office Use Only	
Date Approved: (DD/MM/YY)	Account #:
Approved by: Employee #	Referral #: