#### ONTARIO STANDARDBRED HORSEPEOPLE’S RRSP

## OHHA Use Only

Sheet # \_\_\_\_\_\_\_\_\_

#### Administered by/Make cheques payable to:

#### ONTARIO HARNESS HORSE ASSOCIATION

### 35 Crawford Cres., PO Box 429,

**Campbellville, ON L0P 1B0 1-866-774-6442 Manulife Life Policy No. 530124**

#### ANNUAL CONTRIBUTION TO THE RRSP (TO BE COMPLETED ONLY IF YOU ARE CURRENTLY ENROLLED IN THE PLAN)

Part I –Member Information

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Applicant’s S.I.N.:\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

SC Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part ll – Eligibility for Industry Contribution

### Please attach proof of eligibility including SC printout of previous year’s starts. Any fraudulent information will void membership.

Please check **only one** of the following:

 Driver – attach SC printout of driver starts in 2024

 Trainer - attach SC printout of trainer starts in 2024

 Owner – attach SC printout of owner starts in 2024, (note percentage owned of each horse)

 Breeder - attach SC printout of starts in 2024 by horses bred by member, or names of producing broodmares owned by member (note percentage owned of each broodmare)

 Assistant Trainer – attach T4 showing 2024 employment, or letter from employer stating 2024 employment

 Groom - attach T4 showing 2024 employment, or letter from employer stating 2024 employment

Part lll – Contribution

Enclosed is my annual plan contribution for: 2025 - $ 100.00

 Additional Voluntary Contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Contribution will not be matched)

 Total Amount $\_\_\_\_\_\_\_\_\_\_\_(Please **make cheque payable to the Ontario Harness Horse Association**)

**PLEASE NOTE:** RRSP contributions are generally based on having received employment income in Canada during the previous year and filing an income tax return. If you have not received any Canadian employment income during the previous year and you elect to start your RRSP be aware that you will be responsible for the tax owing when your first tax return is filed.

Total contributions, including any made by the Standardbred Industry on your behalf (if applicable) and those you make in a year to all other RRSPs, must not exceed your annual RRSP limit as permitted under the Income Tax Act (Canada).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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It is your responsibility to ensure that in the current tax year, total contributions made to any RRSP in your name or on behalf of a dependent, including any made by the Standardbred Industry on your behalf (if applicable), must not exceed your annual personal RRSP limit as permitted under the Income Tax Act (Canada).

##### CONTRIBUTIONS MUST BE RECEIVED IN THE OFFICE BY DECEMBER 1

### Contribution with proof of eligibility must be received in OHHA office by December 1, 2025.

**This form is for your annual contribution to the RRSP only.**

### DO NOT INCLUDE ANY OTHER FEES ON YOUR CONTRIBUTION CHEQUE.

### Post-dated cheques are not accepted.

**ONTARIO STANDARDBRED HORSEPEOPLE’S RRSP**

Manulife Policy# 530124

**CHANGE OF INFORMATION**

Change of Address (To Be Completed By Member)

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## S.I.N. \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

New Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Phone #s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART lll – CHANGE OF BENEFICIARY OR NAME OF BENEFICIARY(TO BE COMPLETED BY MEMBER)

**To change your name or beneficiary**, please contact the OHHA office for the form required by Manulife.

###### Submit all contributions and changes to:

###### Ontario Harness Horse Association

35 Crawford Cres.,

PO Box 429

Campbellville, ON L0P 1B0

Jen Rankin, RRSP Administrator

905-854-6442 or 1-866-774-6442 ext. 224

jenr@ohha.ca

[www.ohha.ca](http://www.ohha.ca)

fax: 905-854-6103

**Contributions must be made by cheque (made out to OHHA) or cash. OHHA cannot accept credit card/debit for RRSP contributions.**