



## Group retirement plan Payroll deduction authorization

To be completed by an employee who is eligible to participate in a group retirement plan.

### EMPLOYER/PLAN SPONSOR INFORMATION

|                               |                    |
|-------------------------------|--------------------|
| Name of employer/plan sponsor | Policy/plan number |
|-------------------------------|--------------------|

### EMPLOYEE INFORMATION

|           |         |            |                         |               |
|-----------|---------|------------|-------------------------|---------------|
| Last name | Initial | First name | Social insurance number | Employee I.D. |
|           |         |            | - -                     |               |

**Payroll deduction authorization** – I authorize my employer/plan sponsor to deduct contributions for remittance to the above plan as follows:

**Plan:** ☐ RRSP ☐ Non-registered ☐ TFSA ☐ VRSP  
☐ Other \_\_\_\_\_

| <b>Payroll deduction:</b><br>(fill in only those applicable) | Contribution Type           | Amount to be deducted per pay |
|--|-----------------------------|-------------------------------|
|  | <u>Regular / required</u>   | ____( ) % or ( ) \$           |
|  | <u>Additional voluntary</u> | ____( ) % or ( ) \$           |
|  | _____                       | ____( ) % or ( ) \$           |

This replaces all previous instructions for this group retirement plan.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form is to be retained by the client/plan sponsor and should not be returned to Canada Life.