



## 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

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EMPLOYEE INFORMATION				
Last name	Initial	First name	Social insurance number	Employee I.D.
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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     RPP     Non-registered     TFSA     VRSP  
 Other \_\_\_\_\_

<b>Payroll deduction:</b>	Contribution Type	Amount to be deducted per pay \$ _____
(fill in only those applicable)	_____	_____
	_____	_____
	_____	_____

This replaces all previous instructions for this group retirement plan.

Employee signature **X** \_\_\_\_\_ Date \_\_\_\_\_

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