



**EMPLOYEE CHANGE FORM**

|   |               |                                     |                    |                          |
|---|---------------|-------------------------------------|--------------------|--------------------------|
| <b>Change of Personal Information:</b>              |               |                                     |                    |                          |
| First Name: <u>Teah</u>                             |               | Last Name: <u>Buffalo</u>           |                    |                          |
| Change of Personal Contact:                         |               |                                     |                    |                          |
| Phone #: _____                                      |               | Alt. #: _____                       |                    |                          |
| Email (Personal): _____                             |               |                                     |                    |                          |
| <b>Change of Home Address:</b>                      |               |                                     |                    |                          |
|   |               |                                     |                    |                          |
| <b>#</b>  | <b>Street</b> | <b>City</b>                         | <b>Province</b>    | <b>Postal Code</b>       |
| <b>Mailing Address (if different):</b>              |               |                                     |                    |                          |
|   |               |                                     |                    |                          |
| <b>P.O Box</b>                                      | <b>City</b>   | <b>Province</b>                     | <b>Postal Code</b> |                          |
| <b>Change of Position Information:</b>              |               |                                     |                    |                          |
| Start Date: _____                                   |               | <b>TERMINATION DATE:</b>            |                    |                          |
| Employment Type:                                    |               | Employment Status:                  |                    | <b>RESIGNATION DATE:</b> |
| <input type="checkbox"/> Permanent                  |               | <input type="checkbox"/> Full Time  |                    |                          |
| <input type="checkbox"/> Contract                   |               | <input type="checkbox"/> Part Time  |                    |                          |
| End Date: _____                                     |               | <input type="checkbox"/> Casual     |                    |                          |
| Position: _____                                     |               | Salary: _____                       |                    |                          |
| Manager: _____                                      |               | Pay Band: _____                     |                    |                          |
| <b>BUDGET CODE:</b>                                 |               | Grid: _____                         |                    |                          |
| <b>Change of Banking &amp; Payroll Information:</b> |               |                                     |                    |                          |
| Name of Bank: _____                                 |               |                                     |                    |                          |
| Account #: _____                                    |               | Documents attached:                 |                    |                          |
| Transit #: _____                                    |               | <input type="checkbox"/> Yes        |                    |                          |
| Institution #: _____                                |               | <input type="checkbox"/> No         |                    |                          |
| SIN #: _____  |               |                                     |                    |                          |
| <b>Pension and Benefits:</b>                        |               |                                     |                    |                          |
| Pension Eligibility Date: _____                     |               | <i>*Change Pension Contribution</i> |                    |                          |
| Benefit Eligibility Date: _____                     |               | <i>*All attached</i>                |                    |                          |
| <b>Change of Emergency Contact Information</b>      |               |                                     |                    |                          |
| Name:   |               | Relationship:                       |                    | Phone #:                 |
| 1   |               |                                     |                    |                          |
| 2   |               |                                     |                    |                          |
| <b>Finance Only:</b>                                |               |                                     |                    |                          |
| Date Received:                                      |               | Entered into Adiago System by:      |                    |                          |



**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<br><b>Nishnawbe Aski Legal Services</b> | Policy/plan number<br><b>68012</b> |
|---|------------------------------------|

**EMPLOYEE INFORMATION**

|                             |                        |            |   |                                   |
|-----------------------------|------------------------|------------|---|-----------------------------------|
| Last name<br><b>Buffalo</b> | Initial<br><b>Teah</b> | First name | Social insurance number<br><b>528-426-257</b> | Employee I.D.<br><b>000000187</b> |
|-----------------------------|------------------------|------------|---|-----------------------------------|

**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><br>(fill in only those applicable) | <b>Contribution Type</b>    | <b>Amount to be deducted per pay</b> |
|  | <u>Regular / required</u>   | <u>6%</u>                            |
|  | <u>Additional voluntary</u> | <u>2%</u>                            |
|  | _____                       | _____%                               |

This replaces all previous instructions for this group retirement plan.

Employee signature  Date OCT 2nd 2023

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