



# 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	
Nishnawbe Aski Legal Services			68012	
EMPLOYEE INFORMATION				
Last name	Initial	First name	Social insurance number	Employee I.D.
Buffalo	Teah		528 - 426 - 257	000000187

**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 \_\_\_\_\_

Payroll deduction: (fill in only those applicable)	Contribution Type	Amount to be deducted per pay
	<u>Regular / required</u>	<u>6</u> %
	<u>Additional voluntary</u>	<u>0</u> %
	_____	<u>0</u> %

This replaces all previous instructions for this group retirement plan.

Employee signature                     Date May 8<sup>th</sup> 2021

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