

Group retirement plan

Payroll deduction authorization

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

employer/plan spoi	SOR INFORMATION		Serential.			12 13 14	
Name of employer/plan sponsor				Policy/plan number			
Nishnawbe Aski Legal Service				68012			
EMPLOYEE INFORMATI	ON :					0.00	
Last name	Initial	First name		Soci	al insurand	ce number	Employee I.D.
Benson		Charles					
Payroll deduction aut above plan as follows:	horization – I authorize i	my employer/plai	n spor	isor to d	educt co	ntributions	for remittance to the
Plan:	☐ RRSP ☐ RPP	P ☐ Non-reg	gistere	d [] TFSA	. UVF	RSP
Payroll deduction: (fill in only those applicable)	Contribution Type Amount to be deducted per pay						
	Regular / required		6	%			
	Additional voluntary	-	5	%			
		······		%			
This replaces all previo	us instructions for this gro	oup retirement pl	lan.				
Employee signature	Charl	Jan -		Da	te	Loula	Journy 31/
NOTE: This form is to	be retained by the client	/plan sponsor an	nd sho	uld not t	oe return	ed to Cana	ada Life.