



**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 Service			68012	
EMPLOYEE INFORMATION				
Last name	Initial	First name	Social insurance number	Employee I.D.
Benson		Charles	- -	

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>5</u> %
	_____	_____ %

This replaces all previous instructions for this group retirement plan.

Employee signature Charles Benson Date Monday, January 31/2

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

Contact information 1-800-724-3402 or grsaccess.com
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