A close up of a logo

Description automatically generated

**Group retirement plan**

**Payroll deduction authorization**

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

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| --- | --- | --- |
| **EMPLOYER/PLAN SPONSOR INFORMATION** | | |
| Name of employer/plan sponsor  WESTRIDGE ROCK VENTURES LTD. | Policy/plan number  74264 | |
| **EMPLOYEE INFORMATION** | | |
| 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 | | | | |
| **Payroll deduction:** | Contribution Type |  | Amount to be deducted per pay |
| (fill in only those applicable) | Regular / required |  |  |
|  | Additional voluntary |  |  |
|  |  |  |  |
| This replaces all previous instructions for this group retirement plan. | | | | |

Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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