

**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 sponsorWESTRIDGE ROCK VENTURES LTD. |  Policy/plan number74264 |
| **EMPLOYEE INFORMATION** |
| Last name Initial First name                   | Social insurance number       -       -       | Employee I.D.      |

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| **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.