

To avoid delays, please complete the required information by printing clearly in ink.

EMPLOYER/PLAN SPONSOR INFORMATION

To be completed by the contributing employee

Name of employer/plan sponsor _____

CONTRIBUTING EMPLOYEE

To be completed by the contributing employee

Name _____
First Name Initial Last Name

Social Insurance Number _____

PAYROLL DEDUCTION AUTHORIZATION

To be completed by the contributing employee

The contributing employee authorizes his/her employer to deduct the following from each pay.

The direction given on this form will apply to future contributions only and will remain in effect until we are advised otherwise. This direction will apply to contributions as determined in accordance with the plan set up.

Please see your plan administrator if you have any questions regarding the plan set up.

Plan Type: RPP RSP TFSA

Payroll Deduction

Contribution Type	Amount to be deducted per pay
<input type="checkbox"/> Employee required	\$ _____ or _____ %
<input type="checkbox"/> Additional voluntary	\$ _____ or _____ %
<input type="checkbox"/> TFSA contribution	\$ _____ or _____ %

Note: Lump sum contributions may be applied differently than indicated here. When the contribution is sent in, the instructions must be clearly indicated. If no instructions are received, the contributions will be applied according to the instructions on this form.

If contributions are being directed to a RRSP, please choose one of the following:

- 100% Contribution to my RSP
- 100% Contribution to my Spousal RSP
(My spouse/common-law partner is the owner of the plan)
- Split Contribution – Personal/Spousal RSP:
(Total allocation must equal 100%)
 _____ % Personal RSP (I am the owner of the plan)
 _____ % Spousal RSP (My spouse/common-law partner is the owner of the plan)

PRIVACY AND ACKNOWLEDGEMENT

To be signed by the contributing employee

Return completed form to your employer.

CUMIS PRIVACY STATEMENT

CUMIS is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I understand that the information furnished on this form will be used by CUMIS Life Insurance Company to administer the retirement plan to which I am applying for membership and/or participating in, and for such other lawful purposes in accordance with federal and provincial laws, as may apply.

Signature of contributing employee _____ Date _____
MMM/DD/YYYY