## Group Retirement Plan Contribution Authorization Form



| SECTION 1: EMPLOYER INFORMATION *Required Information  |                                   |                 |  |   |                   |                               |  |
|--|-----------------------------------|-----------------|--|---|-------------------|-------------------------------|--|
| Plan Sponsor Name*   |                                   |                 | Plan Type* □ RRSP □ Spousal RRSF                               | □ Non-Registere   | ed<br>□Other: _   |                               |  |
| SECTION 2: ANNUITANT INFORMATION >>> For a spousal RRSP, the Annuitant is the employee's spouse.   |                                   |                 |  |   |                   |                               |  |
| Surname*   |                                   |                 | First Name and Initial*  |   |                   |                               |  |
| □ Mr. □ Mrs. □ Ms  |                                   |                 |  |   |                   |                               |  |
| Address*   |                                   | (               | City or Town*  | Provi   | nce*              | Postal Code*                  |  |
| Contact Phone Numb   | per*                              | Open Access Acc | ount Number  | S.I.N.  | *                 | Birthdate                     |  |
| SECTION 3: SPOUSE OR COMMON-LAW PARTNER CONTRIBUTOR >>> Complete this section only if this is a Spousal RRSP. Employee is the Contributor.                               |                                   |                 |  |   |                   |                               |  |
| Surname*   |                                   |                 |  | First Name and Initial*   |                   | *                             |  |
| ☐ Mr. ☐ Mrs. ☐ Ms  |                                   |                 |  |   |                   |                               |  |
|  |                                   |                 |  | S.I.N.  | *                 | Birthdate                     |  |
| SECTION 4: PAY   | ROLL DEDUCTIO                     | N AUTHORIZ      | ATION  |   |                   |                               |  |
| I hereby authorize my Employer (the Plan Sponsor) to deduct contributions for remittance into the plans that I have specified below.  Beginning date*  Y Y Y Y M M M D D |                                   |                 |  |   |                   |                               |  |
| Plan type:   | Contributions<br>Regular Required | luntary         | PLEASE NOTE: Your instructions will not be processed unless an |   |                   |                               |  |
| □RRSP  | %                                 |                 | % Application Form and   |   | nd Investor Profi | le Form have been completed.  |  |
| ☐ Spousal RRSP   |                                   | %               | %  | If you are setting up a Spousal RRSP, your spouse or common-<br>partner must complete an Application Form and Investor Pro- |                   | ion Form and Investor Profile |  |
| □DCPP  |                                   | %               |  | Form. You are the Contributor and your spouse or common-law partner is the Annuitant or account owner of the Spousal RRSP.  |                   |                               |  |
| □ Non-Registered   |                                   | %               | %  |   |                   |                               |  |
| SECTION 5: INITIAL DEPOSIT (OPTIONAL)  |                                   |                 |  |   |                   |                               |  |
| Amount of initial deposit \$   |                                   |                 |  |   |                   |                               |  |
| Please make the cheque payable to 'Canadian Western Trust Company' in Trust and attach it this form.   |                                   |                 |  |   |                   |                               |  |
| SECTION 6: AUT   | HORIZATION                        |                 |  |   |                   |                               |  |
| Signature of Account Owner*  Date*   |                                   |                 |  |   |                   |                               |  |
|  |                                   |                 |  |   |                   | 1 1                           |  |

When complete forward this form to your Human Resources Contact.

Directions to the Plan Sponsor

If the payroll contribution of this plan member are being distributed among multiple plans or to a Spousal RRSP, a copy of this form must be included in the document forwarded to Open Access Ltd. If this plan member is making an initial deposit, forward the cheque along with a copy of this form to Open Access Ltd.