

# Tax-Free Savings Account Contribution Authorization Form

## SECTION 1: EMPLOYER INFORMATION

\*Required Information

Plan Sponsor Name\*

## SECTION 2: ACCOUNT HOLDER INFORMATION

Surname\*

First Name and Initial\*

Mr.    Mrs.  
 Ms

Address\*

City or Town\*

Province\*

Postal Code\*

Contact Phone Number\*

Open Access Account Number

S.I.N.\*

Birthdate

Y Y Y Y / M M / D D

## SECTION 3: PAYROLL DEDUCTION AUTHORIZATION

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 / D D

Contributions to deduct per pay: \_\_\_\_\_ % or \$ \_\_\_\_\_

**PLEASE NOTE:** Your instructions will not be processed unless a TFSA Application Form and Investor Profile Form have been completed.

## SECTION 4: AUTHORIZATION

Signature of Employee\*

Date\*

Y Y Y Y / M M / D D