

Your Payroll Deduction Authorization Form

Send your completed form to your:
Plan Sponsor (Employer)

Please print clearly in the blank boxes.

Your personal information

First name	Middle Initial	Last name
Date of birth (mmm/dd/yyyy)		Member number

Payroll authorization

You authorize your Plan Sponsor (Employer) to deduct the specified amounts from your pay **each pay period** and submit these contributions to Manulife to invest in your RRSP.

For your Group RRSP

<input type="checkbox"/> Start contributions	<input type="checkbox"/> Change contributions	<input type="checkbox"/> Stop contributions
Contribution type: Member required		
Enter an amount: \$_____ OR enter a percentage of pay_____%		

<input type="checkbox"/> Start contributions	<input type="checkbox"/> Change contributions	<input type="checkbox"/> Stop contributions
Contribution type: Member voluntary		
Enter an amount: \$_____ OR enter a percentage of pay_____%		

Note: See your Plan Sponsor if you do not know if your payroll deductions are a flat dollar amount or a percentage of your earnings.

OR

<input type="checkbox"/> I acknowledge that I have been given the opportunity to participate in the Group Retirement Savings Plan by my employer. I wish to decline to participate in the plan at this time and agree to waive any and all liability to the corporation and its successors and/or affiliated associated companies in this regard.

Your waiver of participation

Check the box if you do not want to participate in this plan.

Please sign here

Your signature	Date (mmm/dd/yyyy)
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