

# Payroll Deduction Authorization Form

Send your completed form to:

jsidhu@canart.com

Please print clearly in the blank boxes.

## Your personal information

First name

TRESOR Dan Minor

Middle Initial

Last name

NGABIRANO

Date of birth (dd/mm/yyyy)

10/07/2024

Member number (As mentioned on the communication letter)

H3119

## 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.

☒ Start contributions

☐ Change contributions

☐ Stop contributions

Contribution type: **Member required**

Enter a percentage of pay \_\_\_\_\_ %

☐ 0.5%

☐ 1.00%

☒ 1.5%

☒ 2.00%

☐ Start contributions

☐ Change contributions

☐ Stop contributions

Contribution type: **Member voluntary**

Enter a percentage of pay \_\_\_\_\_ %

Please sign below

Your signature

18/07/2024

Date (dd/mm/yyyy)

## OR if you wish not to participate

**Your waiver of participation** (Check the box if you do not want to participate in this plan)

☐ 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.

Please sign below

Your signature

18/07/2024

Date (dd/mm/yyyy)