

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