UNITE HERE Pension Plan
Local 75

UNITE HERE PENSION PLAN

CRA Registration No. 481838

Voluntary Contributions: Payroll Deductions

Ellement
Pensions | Benefits | Investments

INSTRUCTIONS: Plan Member: Please complete and sign this form and submit it to your employer. The employer must retain a copy for their records and forward a copy to Ellement Consulting Group LP.

PLAN MEMBER INFORMATION

Employer: _____ **Employee Number:** _____

Plan Member Name: _____ **SIN:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____ **E-mail:** _____

VOLUNTARY CONTRIBUTION - PAYROLL DEDUCTION

To the payroll department:

In addition to my contributions required by the UNITE HERE Pension Plan Local 75 (as specified in the applicable Collective Bargaining Agreement), I request and authorize my employer to deduct from earnings for each pay period an additional _____% [or] $_____ and this is to be remitted to my account with the above-mentioned Pension Plan effective the next pay period following the date of receipt of the form by the Employer.

Note*: the sum of the Member's required, the Employer's required and additional Member's voluntary contributions must not exceed the maximum allowed for income tax purposes (the lesser of 18% of pensionable salary or annual limit for a Money Purchase Pension Plan for the specific year).*

Plan Member's Declaration:

- I will ensure that I **will not** contribute to the UNITE HERE Pension Plan Local 75 over the allowable maximum contributions for a registered plan under the *Income Tax Act*. (*The annual limit for pension contributions is the lessor of 18% of your current year's pensionable salary or the annual maximum.*)
- I understand that I have no ability to direct how my voluntary contributions are invested under the Pension Plan. The Member's voluntary contributions will receive any interest, if applicable, under the terms of the Pension Plan.
- I understand that my voluntary contributions will become part of my Pension Plan account and will not be available until I terminate or retire my plan membership under the Pension Plan.

I acknowledge that I have been provided with the necessary information required to make an informed decision regarding my voluntary contributions being remitted to the UNITE HERE Pension Plan Local 75. In addition, I acknowledge that there has been no advice provided to me by the Pension Plan, nor any of its employees nor representatives with respect to my decision to contribute additional funds to the Pension Plan. I certify that the information listed in this form is true and correct.

_____ _____
Signature of Member Date (YYYY MM DD)

_____ _____
Authorized Employer Payroll Signature Date (YYYY MM DD)

Privacy Notice: The member authorizes and consents to the Plan Administrator collecting, using, and disclosing personal information concerning the member for the purposes of administering the Plan.

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