

Payroll Deduction Authorization Form

Complete the form and send to the address below:

CEDA

CEDA Benefits

benefits@cedagroup.com

For your Registered Retirement Savings Plan (RRSP) - Policy number 20002809

Contribution Type: **Member Voluntary**

Enter a percentage: %

OR

Enter an amount: \$

☐ I authorize CEDA to deduct the specified amount from my pay each pay period and submit the contributions to Manulife to invest in my group retirement savings plan.

For your Tax-Free Savings Account (TFSA) - Policy number 41002809

Contribution Type: **Member Voluntary**

Enter a percentage: %

OR

Enter an amount: \$

☐ I authorize CEDA to deduct the specified amount from my pay each pay period and submit the contributions to Manulife to invest in my group retirement savings plan.

Your Information

First Name

Middle Initial

Last Name

Employee number (if applicable)

Signature

Date
