SaskWorks Venture Fund Inc.

Payroll Authorization Form

c/o Prometa Fund Support Services
220-155 Carlton Street, Winnipeg MB R3C 3H8
Toll Free: 1-866-992-7696 Fax: 1-855-766-8020
Email: saskworks@prometa.ca | www.saskworks.ca

AREA 1 - EMPLOYER INFORMATION

Employer Name: _____ Payroll Dept Contact: _____

Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____ Union (if applicable): _____

AREA 2- EMPLOYEE INFORMATION

Employee Name: _____ Email: _____

Phone: _____ SIN: _____

☐ New Purchase *-or-* ☐ Subsequent Purchase / Account Number: _____

☐ Client Name Account *-or-* ☐ Nominee Account

☐ RRSP *-or-* ☐ Non-Registered

Effective Date: _____ Contribution Per Pay Period: $ _____ Total Annual Contribution: $ _____

Contribution Frequency:

☐ **Monthly** ☐ **Semi-Monthly**

☐ **Bi-Weekly** ☐ **Weekly**

Contribution Allocation:

CCP 103: Class A - Series B Common Shares (Diversified) _____ **($ ☐ or ☐ %)**

CCP 101: Class A - Series F Common Shares (Diversified) _____ **($ ☐ or ☐ %)**

CCP 203: Class R - Series B Common Shares (Resources) _____ **($ ☐ or ☐ %)**

CCP 201: Class R - Series F Common Shares (Resources) _____ **($ ☐ or ☐ %)**

AREA 3 - EMPLOYEE CONSENT

By completing and signing this form, I consent to the following:

- If selecting an RRSP, I have sufficient RRSP contribution room.
- My contribution to the Labour-Sponsored Investment Fund is within the limits to obtain Federal and Provincial Tax Credits (Maximum $5,000 contribution annually).
- I authorize my employer's payroll department to release my name, address, telephone number and contribution amount to SaskWorks.
- I understand that my employer does not endorse SaskWorks, nor do they provide investment advice regarding this investment.
- The payroll department has the authority to deduct the above-noted pay period amounts from my regular pay and act as agent to remit contributions to SaskWorks. I understand that the deductions will continue until such time that I notify my employer's payroll department through SaskWorks that I wish to cease or change the above-noted contributions.

Please reduce the deductions withheld from my pay to the minimum allowable base on my payroll contributions to SaskWorks.

Emplopyee Signature: _____ Date: _____ Witness Signature: _____ Date: _____

Investment Dealer: _____ Dealer No.: _____

Registered Rep Name: _____ Rep No.: _____

AREA 4 - CEASE PLAN CONTRIBUTIONS

Employee Signature: _____ Date: _____