

AREA 1 – EMPLOYEE PLAN INFORMATION

Employee Name: _____
 Email: _____
 Phone Number: _____ Employee ID: _____ SIN: _____

AREA 2 – EMPLOYER INFORMATION

Employer Name: _____ Payroll Dept Contact: _____
 Address: _____ City/Town: _____ Province: _____
 Postal Code: _____ Phone: _____ Fax: _____ Email: _____
 Name of Previous Health Region (if applicable): _____
 Union (if applicable): _____

NEW PLAN CHANGE TO EXISTING PLAN

Effective Date (mm/dd/yyyy): _____ RRSP: Yes No

Total Annual \$ Contribution Amount: _____

Contribution Frequency:

- Monthly** (Max Gross Contribution \$416.66)
- Semi-Monthly** (Max Gross Contribution \$208.33)
- Bi-Weekly** (Max Gross Contribution \$192.31)
- Weekly** (Max Gross Contribution \$96.15)

Contribution Allocation:

- CCP101: Class A - Series F Common Shares (Diversified) _____ (\$ or %)
- CCP103: Class A - Series B Common Shares (Diversified) _____ (\$ or %)
- CCP201: Class R - Series F Common Shares (Resources) _____ (\$ or %)
- CCP203: Class R - Series B Common Shares (Resources) _____ (\$ or %)

AREA 3 – EMPLOYEE CONSENT

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

- If electing 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 Venture Fund Inc.
- I understand that my employer does not endorse SaskWorks Venture Fund Inc., 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 to act as agent to remit contributions to SaskWorks Venture Fund Inc. I understand that the deductions will continue until such time that I notify my employer's payroll department through SaskWorks Venture Fund Inc. that I wish to cease or change the above-noted contributions.

Please reduce the deductions withheld from my pay to the minimum allowable based on my payroll contributions to SaskWorks Venture Fund Inc.

Account Number: _____

Employee Signature: _____ Date: _____

Witness: _____ Date: _____

Investment Dealer: _____ Dealer No: _____

Registered Rep Name: _____ Rep No: _____

AREA 4 – CEASE PLAN CONTRIBUTIONS

Employee Signature: _____ Date: _____