

**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:**

- CCP100: Class A - Series A Common Shares (Diversified) \_\_\_\_\_ (\$  or %)
- CCP101: Class A - Series F Common Shares (Diversified) \_\_\_\_\_ (\$  or %)
- CCP102: Class A - Series A Common Shares (Diversified) \_\_\_\_\_ (\$  or %)
- CCP103: Class A - Series B Common Shares (Diversified) \_\_\_\_\_ (\$  or %)
- CCP103: Class A - Series B (Diversified) \_\_\_\_\_ (\$  or %)
- CCP200: Class R - Series A Common Shares (Resources) \_\_\_\_\_ (\$  or %)
- CCP201: Class R - Series F Common Shares (Resources) \_\_\_\_\_ (\$  or %)
- CCP202: Class R - Series A Common Shares (Resources) \_\_\_\_\_ (\$  or %)
- CCP203: Class R - Series B Common Shares (Resources) \_\_\_\_\_ (\$  or %)
- CCP203: Class R - Series B (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: \_\_\_\_\_