





**Payroll Deductions** 

Group RSP, Group Non-registered account, DPSP

Advisor Code

○ New ○ Change ○ Cancel

Please be advised that as the account holder, you will receive a Fund Facts docume delivered on subsequent purchases of a mutual fund through a systematic or pre-a has been updated by the fund company. You will not have a right of withdrawal uplan, but will continue to have a right of action if there is a misrepresentation in the terminate the plan at any time. To receive the most recently filed Fund Facts documents	authorized purchase plan or group investment plan, even when the F under securities legislation for subsequent purchases of a security of a ne prospectus or any document incorporated by reference into the pr	Fund Facts docu a mutual fund u ospectus. You	ument under th may
A Registered Owner (Account Holder/Annuitant) Inform	nation		
Name		Social Insurance Number	
Employer Name* Gro		Group Plan Code*	
B Authorization Instructions			
I hereby designate my employer named above as my agent to make contribut and to otherwise assist in its administration. ScotiaMcLeod shall have no ob ScotiaMcLeod and such direction shall have no effect on any amounts already re	oligation to give effect to this direction until the 15th day after t	the receipt the	ereof by
Account Information and Investment Instructions (Select as applicable)			
Must be Canadian \$ denominated mutual funds only. If left blank, your contrib	outions will <u>not</u> be invested in any mutual fund, but left as "cash".		
Account Number:			
Account Type: Group Registered Savings Plan (RSP) Contribution Type: O F	Regular or O Spousal		
Mutual Fund/Security Description	Mutual Fund/Security Code		
		%	(Mus
		%	t tota
		%	(Must total 100%)
		%	_ %
Account Number:			
Account Type: Group Non-registered account			
Mutual Fund/Security Description	Mutual Fund/Security Code		
		%	(Mus
		%	(Must total
		%	100%)
		%	
Account Number:	·		
Account Type: Deferred Profit Sharing Plan (DPSP)			
Mutual Fund/Security Description	Mutual Fund/Security Code		
		%	(Mus
		%	t total
		%	(Must total 100%)
		%	

Original - Branch Copy - Client

<sup>\*</sup>Require



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Spousal Contributor Information - Group RSP			
For payroll deductions to a Spousal Plan, the employee must be the Contributor.			
Name	Social Insurance Number		
Is payroll deduction to be a spousal contribution? O No O Yes If Yes, please provide % of contribution that is to be spousal	%		
Is spousal contribution to be applied to an existing Spousal Group RSP? O No Yes If Yes, provide Spousal Group account number			
C Account Holder/Annuitant Agreement (Signature required)			
I have read, understood and agreed to all of the terms and conditions relating to this agreement in the relevant sections of the ScotiaMcLeod Terms and Conditions brochure, including without limitation the Pre-authorized Contribution and Investment Instructions Agreement. I acknowledge that any change to the information or instructions given above will require the completion of a new form.			
I agree to waive the right to receive individual trade confirmations for the pre-authorized purchase of my company's stock (if applicable) in my group payroll deduction account with Scotia Capital. I expressly request that this Agreement and all deeds, documents or notices relating thereto be in the English language. Le client a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.			
Signature of Account Holder/Annuitant	Date (mm-dd-yyyy)		