

Your Payroll Deduction Authorization Form



For: Part Time and Seasonal Employees

Please print clearly in the blank boxes.

Your personal information

First name	Middle Initial	Last name
Date of birth (mmm/dd/yyyy)		Member number

For your RPP (Policy number 10006846)

Payroll authorization

*You authorize your employer to deduct the specified amounts from your pay **each pay period** and submit these contributions to Manulife to invest in your RPP.*

Contribution type: Member required Enter a percentage of 2%, 3.25% or 4.5%: _____%
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For your RPP (Policy number 10006846)

Contribution type: Member voluntary Enter a percentage from 0% to CRA limit: _____% (in increments of 1%)

Please sign here

Your signature	Date signed (mmm/dd/yyyy)
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