Municipal Finance Authority of BC

Contribution Deduction Authorization/Change Form (Please Print)

Client ID **8OF**

Plan Sponsor Name **Municipal Finance Authority of British Columbia**

Product Reference ID ☐ **RRSP Policy No. 65123**

☐ **NREG Policy No. 65124**

Member Name _____

Last Name First Name Middle Initial

Social Insurance No. _____

I authorize my Plan Sponsor to deduct or revise the contributions from my pay as follows:

❑ **Member Account** **$** _____ per pay

❑ **Spousal Member Account** **$** _____ per pay
(Applicable Group RRSPs Only)

_____ _____

Date Member Signature (in ink)

Return this form to your Human Resources Department or Payroll Department.