

**PLEASE SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER**

**IMPORTANT**

**As stipulated in your plan rules, you must complete this form only if you have to determine the amount of your employee contributions or if you would like to make additional voluntary contributions.**

**Plan information**

Name of union or participating employer	Group number	Sub-group number
Plan type <input type="checkbox"/> RRSP <input type="checkbox"/> SPP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> DC <input type="checkbox"/> TFSA <input type="checkbox"/> FHSA		

**Participant information**

Employee no.	Social insurance number	Date of birth
Last name		First name

**Contributions**

Employee contributions: I would like to contribute: \_\_\_\_\_ % of my salary or \$ \_\_\_\_\_ per pay or \$ \_\_\_\_\_ per hour

Voluntary contributions: I would like to contribute: \_\_\_\_\_ % of my salary or \$ \_\_\_\_\_ per pay or \$ \_\_\_\_\_ per hour

To transfer funds to your spouse's RRSP, please complete the Request for spousal contribution split form (13196E12)

\* Employee contributions are mandatory under the plan rules. You may choose to make voluntary contributions in addition.

**Tax adjustments**

Please apply at-source tax deductions (if available):  Yes  No

**Effective date**

Please start my contributions:  Upon receipt of this form  Starting with the pay of: 

Y	Y	Y	Y	M	M	D	D
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**Consent and signature**

In accordance with the plan rules, I would like my employer to deduct my contributions from my pay as indicated above.

I authorize my employer to deduct the contribution amount indicated above from my pay and remit it to Desjardins Financial Security, the Bâtirente plan trustee. This authorization is valid until I provide written notice of change or revocation.

I want my employer to stop deducting my contributions to the Bâtirente plan.

\_\_\_\_\_  
Employee signature

Y	Y	Y	Y	M	M	D	D
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