



Additional Voluntary Contributions Request Form to Start or Stop Deductions at Source

United Food & Commercial Workers Pension Plan (Local 1991-P) — Registration number 22604 (R.Q.)

Member Name _____

Social Insurance Number _____
Last 3 digits only

Employer Name _____

DEDUCTIONS AT SOURCE

I am a Member of the **United Food & Commercial Workers Pension Plan (Local 1991-P)** and I hereby authorize my Employer to deduct from my pay:

an amount equivalent to ___ % of my salary at each pay period;

OR

an amount of _____ \$ from my salary at each pay period.

This amount will be deposited into the Plan's pension fund to eventually allow me to benefit from it upon my cessation. The amount of the deductions cannot surpass the maximum amount as indicated in the pension plan provisions, nor the maximum prescribed amount under the Income Tax Act. The salary deductions will start on the first pay following receipt of this duly completed form.

TERMINATION OF DEDUCTIONS AT SOURCE

I am a Member of the **United Food & Commercial Workers Pension Plan (Local 1991-P)** and I hereby authorize my Employer to terminate deduction from my pay as at:

Date

Signature of Plan Member

Date

Signature of Witness

Please provide your Employer with a copy, as they will need to transmit a copy, along with their next monthly remittance, to:

TUAC Pension Plan Administrator 1991-P

Mercer (Canada) Limited
1 Place Ville Marie, suite 1500
Montréal (Québec) H3B 2B5