



## **UNITED FOOD & COMMERCIAL WORKERS PENSION PLAN (LOCAL 1991-P)**

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

#### ***Information on Member***

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (yyyy-mm-dd)
<input type="text"/>		
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 termination of employment. 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:

<input type="text"/>
Date of termination of deductions at source

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Plan Member	Signature of Witness	Date (yyyy-mm-dd)

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

**Member Services Centre**  
SAI Actuarial Services  
201 Laurier Ave E suite 430  
Montreal, Quebec H2T 3E6