



PAYMENT AUTHORIZATION

I agree to pay _____ any and all of
(Name of Co-op)
the self-directed (SD) RRSP or TFSA administration fees levied on my account by the
Canadian Worker Co-operative Federation (CWCF). The co-op will remit these amounts on
my behalf to the CWCF, as set out by the Agreement entered into by the co-op and the
CWCF.

I understand that the annual fee is currently \$55.00 per year including HST. If the fee
changes, I will receive 60 days' notice from the co-op on behalf of the CWCF.

Should I close my account after March 31, I will be responsible for remitting my annual
account fee directly to CWCF for that calendar year. I understand that a fee of \$75.00 will
be charged when the SD-RRSP/TFSA account is closed.

Date

Annuitant's Signature

Annuitant's Name (please print)