

PAYMENT AUTHORIZATION FORM

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

I understand that the annual fee is currently \$65.00 per year including HST. If the fee changes, I will be notified by the CEDIF.

Should I close the account and if the CEDIF has not remitted the fee for that calendar year, I will become responsible for remitting the fee. Also, I understand that a fee of \$75.00 will be charged when the SD RRSP/TFSA account is closed.

Date

Annuitant's Signature

Print Annuitant's Name