

PAYMENT AUTHORIZATION FORM

I, _____ agree to pay,
_____, (Co-op),

any and all of the self-directed RRSP or TFSA administration fees levied on my account by the Canadian Worker Co-operative Federation. I authorize the Co-op to deduct from any of my Co-op wages or income the self-directed RRSP or TFSA administration fee and pay it on my behalf, as set out in the Agreement entered into by my Co-op and the Canadian Worker Co-operative Federation.

I understand that the annual fee is currently \$55.00 per year. If the fee changes, I will be notified by my Co-op.

Should I leave the employ of the Co-op and the Co-op 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 RSP account is closed.

Date

Planholder's signature