



# AUTHORIZED SIGNING OFFICERS FOR A SUB-AGENT

I, \_\_\_\_\_, holding the position of \_\_\_\_\_  
(name) (title)  
with \_\_\_\_\_, a Sub-Agent for the  
(organization name)

Canadian Worker Co-operative Federation ("CWCF"), do hereby certify that the following individuals are Authorized Officers of our organization for the purpose of providing direction and instruction to CWCF, as well as signing official registered plan documents as a Sub-Agent representative. Each individual specified below will retain their Authorized Signing Officer status until such authority is revoked by our organization by written notice.

**I understand that only representatives from the organization who are listed below shall be permitted to sign documents on its behalf.** An additional page may be attached if there are more than four representatives.

A sample of each Authorized Officer's signature, along with their name, title and email address, appears below:

1) _____ Name	_____
_____	Title
_____	_____
Signature	Email Address
2) _____ Name	_____
_____	Title
_____	_____
Signature	Email Address
3) _____ Name	_____
_____	Title
_____	_____
Signature	Email Address
4) _____ Name	_____
_____	Title
_____	_____
Signature	Email Address

**\*NOTE: This form must be submitted upon joining the CWCF RRSP/TFSA Program, and again whenever there is a change in Authorized Signing Officers.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature