



**Payroll Authorization Form**  
**Prometa Fund Support Services Inc.**  
**501-211 Bannatyne Ave.**  
**Winnipeg, Manitoba R3B 3P2**

**1. Employee Plan Information**

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employee ID: \_\_\_\_\_ SIN: \_\_\_\_\_  
 Union: \_\_\_\_\_ Local: \_\_\_\_\_

**2. Employer Information**

Employer Name: \_\_\_\_\_ Payroll Dept Contact \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/> <b>NEW PLAN</b>	<input type="checkbox"/> <b>CHANGE TO PLAN</b>
--	--

Effective Date (mm/dd/yyyy): \_\_/\_\_/\_\_\_\_ RRSP:  Yes  No

**Contribution Frequency:**

- Monthly** (Max Gross Contribution \$416.67)
- Semi-Monthly** (Max Gross Contribution \$208.33)      **Contribution Amount: \$** \_\_\_\_\_
- Bi-Weekly** (Max Gross Contribution \$192.31)
- Weekly** (Max Gross Contribution \$96.15)

Please reduce the deductions withheld from my pay to the minimum allowable amount based on my payroll contributions to Golden Opportunities Fund.

**3. Employee Consent**

By completing and signing this form, I consent to the following:

- If electing an RRSP, I have sufficient RRSP contribution room.
- My contribution to the Labour-sponsored Investment Fund is within the limits to obtain Federal and Provincial Tax Credits (Maximum \$5,000 contribution annually).
- I authorize my employer's payroll department to release my name, address, telephone number and contribution amount to Golden Opportunities Fund Inc.
- I understand that my employer does not endorse Golden Opportunities Fund Inc., nor do they provide investment advice regarding this investment.
- The payroll department has the authority to deduct the above-noted pay period amounts from my regular pay and to act as agent to remit contributions to Golden Opportunities Fund Inc. I understand that the deductions will continue until such time that I notify my employer's payroll department through Golden Opportunities Fund Inc. that I wish to cease or change the above-noted contributions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CEASE PLAN CONTRIBUTIONS</b>
---------------------------------

Employee Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_