

PRE-AUTHORIZED CONTRIBUTION APPLICATION

Name: _____

Account Number: _____

Method of contributing:

Bank Account
(include bank form or VOID cheque)

VISA™ or MasterCard™

Credit Card #: _____ CVV _____

Expiry date: MM/YY Credit card receipt required: Yes No

I authorize Saskatchewan Pension Plan (SPP) and my financial institution to begin contributions to my plan from my bank account/credit card. I understand that this authority remains in effect until I give SPP written notification to stop payments, or until SPP has sent me a written notice to terminate this agreement, which I agree the Plan has the authority to do. Funds are locked-in until age 55 and I must contribute within RRSP limits.

Signature(s): _____

(You must have signing authority for this account/credit card. For joint bank accounts, ensure the required authorized signatures are provided.)

Please choose one option:

Withdrawals are made on the 1st and/or 15th of the month.

Select Frequency:

Monthly		Semi-Monthly	
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Start Date: DD/MM/YY
(1st or 15th)

Amount: \$

Complete this area only if your spouse is claiming this contribution on their income tax return.

Spouse
Name

Spouse
SIN

SPP use only:

SIN:

Entered Date: