

Please send completed form to:

 Desjardins Financial Security
 Group Retirement Services
 C.P. 1355, Succ. Desjardins
 Montréal (Québec) H5B 1C4
 Telephone: 514-285-7717 or
 Toll free: 1-800-968-3587
 Fax toll free: 1-877-350-8555

Group no. G004231		Employee no.
For the following plan:	Defined Contribution Pension Plan (DCPP)	
Employee name (Last, First)		Tel. Home: Office: Email:

Salary deduction request* – To be completed by the employee

Employer required contribution per pay:

☒ 5% of your earnings

Employee contribution per pay:

<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%
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Voluntary contribution per pay:

<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 6%	<input type="checkbox"/> 7%	<input type="checkbox"/> 8%	<input type="checkbox"/> 9%	<input type="checkbox"/> 10%
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 (*) Based on the maximum amount prescribed by the *Income Tax Act*, but it is the employee's responsibility to ensure they do not exceed this limit.

Note: You must send this completed form to Desjardins Financial Security Life Assurance Company. Instructions will automatically be sent to your employer. However, please allow 2 to 4 weeks for this change to be reflected on your payslip. You can also make changes by calling Desjardins Financial Security's Customer Contact Centre at 1-800-968-3587.

I authorize my employer to make the salary deductions based on the requested contribution.

Signature of employee: _____ Date: _____

FOR DESJARDINS FINANCIAL SECURITY USE ONLY			
Verification / System	<input type="checkbox"/> Form duly completed	Signature: _____	Date: _____