BRITISH COLUMBIA
BC Public Service

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DEFERRED SALARY LEAVE PROGRAM APPLICATION FORM

INSTRUCTIONS:

- Complete Parts A, C, D, E and F and have your employer complete Part B. (Your payroll deduction start date must be at least 60 calendar days in the future to allow time for processing the form)
- BC Public Service employees must send the completed form to Payroll via an AskMyHR Service Request at **www.gov.bc.ca/myhr/contact**. Participants working for other employers must send the completed form to their Human Resources Office.
- All applicants MUST also fax or mail a copy to Group Retirement Services.
  Fax: 1-888-797-0071
  Mail: Group Retirement Services, 255 Dufferin Avenue, T540, London ON, N6A 4K1
- Information is available at **www.gov.bc.ca/myhr**. If you have any questions, please call 1-877-277-0772.

Freedom of Information and Protection of Privacy Act (FOIPPA)
This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/Organization > Employee & Labour Relations > Other Issues & Inquiries, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

PLEASE TYPE OR PRINT CLEARLY

PART A – EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE (yyyy/mm/dd)	SOCIAL INSURANCE NO.

EMPLOYEE HOME ADDRESS – *(Include PO BOX, if applicable)*	CITY, PROVINCE	POSTAL CODE	PHONE NUMBER

MINISTRY / EMPLOYER NAME	DEPARTMENT ID –	EMPLOYEE ID	UNION CODE	EMAIL

PAYROLL DEDUCTION START DATE REQUESTED (yyyy/mm/dd)	LEAVE OF ABSENCE START DATE (yyyy/mm/dd)	LENGTH OF LEAVE OF ABSENCE *(6 to 12 full calendar months)*	BI - WEEKLY DEFERRED AMOUNT You may defer a minimum of 10% to a maximum of 33 1/3% of your gross bi-weekly salary
			%

PART B – EMPLOYER CERTIFICATION

DIRECTOR / EQUIVALENT SIGNATURE

☐ RECOMMEND EMPLOYEE ☐ DO NOT RECOMMEND EMPLOYEE AT THIS TIME ➤

DATE SIGNED YYYY MM DD

APPROVING AUTHORITY SIGNATURE

Application is:

☐ APPROVED ☐ DENIED ➤

DATE SIGNED YYYY MM DD

PART C – INVESTMENT OPTIONS – *Please indicate how you wish to invest your funds*

☐ I wish to invest all of my funds in a Guaranteed Investment Certificate

☐ I wish to invest all of my funds in a Savings Account

☐ I wish to split my investment of funds as follows: (A plus B must equal 100%)

GUARANTEED INVESTMENT CERTIFICATE **A** %

SAVINGS ACCOUNT **B** %

BENEFICIARY'S LAST NAME	FIRST NAME & MIDDLE INITIAL	RELATIONSHIP TO YOU	CONTACT EMAIL OR PHONE NUMBER

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PART D – DSLP FINANCIAL INSTITUTION INFORMATION - *Please notify AskMyHR of any changes to this information prior to leave start date*

Please select preferred method for receipt of annual interest to be paid ☐ CHEQUE ☐ DIRECT DEPOSIT – *Complete Direct Deposit Authorization below*

DIRECT DEPOSIT AUTHORIZATION *(to be completed by employee)*

CHEQUING ACCOUNT – attach a personal encoded deposit slip or a voided cheque
SAVINGS ACCOUNT – take this form to your bank, trust company or credit union for verification

BRANCH ID	INSTITUTION	ACCOUNT NO. - *LEFT JUSTIFY*

BANK OR FINANCIAL INSTITUTION VERIFICATION
– Not required if encoded cheque or deposit slip attached. Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature.

BANK OR FINANCIAL INSTITUTION ADDRESS

PART E – TAX INFORMATION REQUIRED UNDER THE INCOME TAX ACT CANADA

YOU WILL NOT BE ADDED AS A MEMBER OF THE PLAN UNTIL THE REQUESTED INFORMATION IS COMPLETE

Are you a United States citizen or a U.S. resident for tax purposes? ☐ NO ☐ YES **If yes**, provide taxpayer identification number (TIN) _____

- A TIN includes a Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN)
- If you responded yes and have not applied for a U.S. taxpayer identification number, you must do so within 90 days and provide it to Canada Life within 15 days of receipt

Are you a resident for tax purposes in a country or region other than Canada or the United States? ☐ NO ☐ YES

If yes, provide (i) jurisdiction(s) of residence for tax purposes _____ and (ii) taxpayer identification number (TIN) _____

If you do not have a TIN for a specific jurisdiction, indicate the reason using one of the following choices:

☐ You will apply or have applied for a TIN but have not yet received it (please notify us when it is received)
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other reason:

PART F – EMPLOYEE CERTIFICATION

- I have read the information provided on the DEFERRED SALARY LEAVE PROGRAM and understand and agree to the terms and conditions of this program. The deferral period is within a minumum of 1 year to a maximum of 6 years and the amount of gross earnings I deferred is a minimum of 10% to a maximum of 33.33%. My leave commences immediately following the end of my deferral period and the duration of my leave period is within a minimum of 6 months to a maximum of 12 months.
- I authorize my employer to deduct from my salary the amount set out in this application and to deposit these amounts with the trustee to be held, invested, administered and distributed by the trustee in accordance with the Deferred Salary Leave Program and the trust agreement entered into on my behalf by my employer with the trustee.
- I understand that if monies transferred to my account are inaccurate, the funds can be recovered.
- I agree that my employer is not liable for, and is released from, any and all claims which arise, directly or indirectly, in connection with this program.
- I assume responsibility for the tracking and reconciling of funds deposited to my account.
- I authorize the payout of any/all funds to my named beneficiary in the event of death.
- I agree to immediately notify Canada Life of any errors, omissions, or changes in the information provided in the form, this includes any changes to tax residence and U.S. citizenship.

EMPLOYEE SIGNATURE

DATE SIGNED YYYY MM DD

PART G – PAY OFFICE USE ONLY

DEDUCTION CODE	CHIPS EFFECTIVE DATE	PAY OFFICE CONTACT NAME – *Please type or print clearly*	CONTACT PHONE NO.
DEFSAL	YYYY MM DD		( )
DEDUCTION END DATE YYYY MM DD	**COMMENTS/CALCULATIONS**	**ENTERED INTO CHIPS BY**	**DATE ENTERED** YYYY MM DD

Clear Form