

INSTRUCTIONS:

- Complete Parts A, C, D, E and F and have your employer complete Part B (NOTE: 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.

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		<input type="text"/> %	

PART B – EMPLOYER CERTIFICATION

DIRECTOR / EQUIVALENT SIGNATURE		DATE SIGNED	
<input type="checkbox"/> RECOMMEND EMPLOYEE	<input type="checkbox"/> DO NOT RECOMMEND EMPLOYEE AT THIS TIME	YYYY	MM DD
APPROVING AUTHORITY SIGNATURE		DATE SIGNED	
Application is:		YYYY	MM DD
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED		

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

<input type="checkbox"/> I wish to invest all of my funds in a Guaranteed Investment Certificate	<input type="checkbox"/> I wish to split my investment of funds as follows: (A plus B must equal 100%)	GUARANTEED INVESTMENT CERTIFICATE	A <input type="text"/> %	SAVINGS ACCOUNT	B <input type="text"/> %
<input type="checkbox"/> I wish to invest all of my funds in a Savings Account					
BENEFICIARY'S LAST NAME	FIRST NAME & MIDDLE INITIAL	RELATIONSHIP TO YOU	CONTACT EMAIL OR PHONE NUMBER		

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 minimum 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 **Wet ink signature or verified digital signature required**



DATE SIGNED
YYYY MM DD

PART G – PAY OFFICE USE ONLY

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

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 for the purpose of administering this program. Any questions about the collection and the use of this information can be directed in writing to the Manager, Benefit Design and Programs, BC Public Service Agency, 9404 Stn Prov Govt, Victoria BC, V8W 9V1