

**SUN LIFE TAX-FREE SAVINGS ACCOUNT (TFSA)
AGREEMENT ON PAYROLL DEDUCTION
AND AUTHORIZATION FORM**

IN THIS AGREEMENT:

“Bank” means the financial institution, investment advisor, or group RSP administrator I have chosen from the eligible list as determined by the Union to receive my Deposits and provide me with advice on my Deposits (in this case Sun Life Financial).

“Deposits” mean the amounts transferred to the Bank by the Employer through automatic payroll deduction and includes any interest, earnings or losses on these amounts;

“Employer” means Halifax Employers Association, its members, subsidiaries, and affiliates, and it/their directors, officers, employees and agents;

“I” and **“Me”** means the employee of the Employer who signs this form;

“Union” means the International Longshoreman’s Association, Local 269, Local 1341, Local 1738 or Local 1825

I have asked my Employer and in response to my request my Employer has agreed to deduct an amount from each of my pay cheques and remit that amount directly to a Bank account chosen by me and identified below. In exchange for my Employer providing this service to me, I agree that:

1. This is a voluntary service provided by my Employer at my request solely for the purpose of encouraging employees to save for their retirement;
2. The use and investment of the Deposits after the transfer to the Bank has occurred is entirely my decision and responsibility;
3. My Employer does not and has not provided me any investment advice;
4. My Employer has not and does not make any representations as to the abilities of the Bank or the various managers, employees or investment advisors of the Bank;
5. Subsequent to transfer of the Deposits to the Bank, I may select any other bank or investment advisor to manage these Deposits or provide me with advice on these Deposits. I can make my own arrangements to transfer these Deposits to that other bank or investment advisor at any time;
6. If I decide to leave my Deposits at the Bank, I acknowledge that I have personally selected the Bank to manage or hold my Deposits. This decision by me is based solely on my own personal knowledge and assessment of the ability or competence of the Bank. In making this decision I have not in any way relied on advice or information from my Employer;

Employee’s Initials

7. I do not hold my Employer responsible in any way for my Deposits or the investment of the Deposits.
8. I request and authorize Maritime Data Centre Inc. to make payroll deductions every pay period in the amount specified in the Sun Life "Tax-Free Savings Account (TFSA)" enrolment form and to forward these amounts to Sun Life Financial.

DATED at _____ this _____ day of _____, 20__.

Signature of Employee

Print Name of Employee

Union Number of Employee

Union Local of Employee

Note: Any direction to make deductions to Sun Life will supersede any previous authorizations and which will be cancelled effective the date the new deductions begin. The employee is responsible for notifying their old provider of cancellation of deductions.

***Payroll deductions will not start until HEA receives this form.**

To Employee: Send the original of this agreement to Halifax Employers Association, Suite 200, 5121 Sackville Street, Halifax, Nova Scotia B3J 1K1