

AUTHORIZATION FOR VOLUNTARY CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8	Phone: 306-373-1660	Toll Free: 1-800-667-7762 Fax: 306-955-1157
I, First Name Initial Last Name		,
request that the Name of Employer	remit \$	per month to the
Saskatchewan Teachers' Retirement Plan to be credited to my voluntary contribution ac	count (based on a 10-	month school year).
My Social Insurance Number is My valid Saskatchewan Teacher's Certificate Number is		
I understand that the following rules will apply: The standard st		
I cannot withdraw my voluntary contributions until: a) I have retired under the STRP, or		
 b) After a four-month waiting period from the latter of the date; i) I last taught (including substitute service), was under contract or was receiving LT ii) have terminated from the Plan. 	D benefits, or	
Voluntary contributions cannot exceed the maximum which is deductible from taxable income	under the Income Tax Ac	t.
The deadline for making contributions is December 31 of the taxation year.		
4. I understand that I must provide at least 30 days notice in writing to my employer should I wish to	stop making voluntary pa	yments.
Teacher's Signature	Date (DD MMM YYYY	
Teacher's Mailing Address City/Town		Province Postal Code
Teacher's Telephone Number		