



MFA Municipal Investment Plan Authorization Form

Contribution Deduction Authorization Form

Plan Sponsor Name

Municipal Finance Authority of British Columbia

Member First and Last Name

Social Insurance Number

Product Reference ID

RRSP Policy No 65123

NREG Policy No 65124

TFSA Policy No 67984

I authorize my plan sponsor to **DEDUCT** the contributions from my pay as follows:

Member Account

\$ [] per pay

Spousal Member Account

\$ [] per pay

(Applicable Group RRSP's only)

Member Signature

Effective Date

Please print this form for signing and return to your Human Resource Department or Payroll Department