



MFA Municipal Investment Plan Change Form

Contribution Deduction Change Form

Plan Sponsor Name

Member First and Last Name

Social Insurance Number

Product Reference ID

I authorize my plan sponsor to **REVISE** 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