

Canadian Forces Superannuation Act (CFSA) Pension Deduction Authorization

1. CERTIFICATE HOLDER'S INFORMATION

Service Number (SN)	Rank	Surname	First Name	Initials
			()	
Mailing Address			Home Phone #	
			()	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
City	Province	Postal Code		

2. PENSION NUMBER (IF KNOWN)

Pension Number: _____

3. SIGNATURE

DECLARATION AND AUTHORIZATION BY APPLICANT

In consideration of my request for SISIP Financial insurance coverage, I hereby authorize Public Works & Government Services Canada (PWGSC) to deduct the associated monthly premiums from my Canadian Forces Superannuation Act (CFSA) pension at such monthly rates as may from time to time be authorized pursuant to the SISIP Financial policy for said coverage with Manulife. This authorization shall continue in effect until revoked in writing by me. A photocopy of this authorization shall be as valid as the original.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

_____ Day Month Year
 Certificate Holder's Signature