

**APPLICATION FOR PENSION CONTRIBUTIONS DURING ELIGIBLE LAYOFF PERIODS
FOR TEAM MEMBERS WHO PARTICIPATE IN THE DC PENSION PROVISION**

During periods of layoff, eligible team members may elect to contribute up to 5% of their straight-time base wage to their DC pension accounts (4% of basic contribution plus 1% voluntary contribution *if* currently enrolled). Such contributions will attract the appropriate company contribution specified under the Plan.

The maximum annual contribution from all sources (work, leave, and layoff) may not exceed the amount permitted under the Income Tax Act, pension legislation, and/or the Plan.

Please complete the information below and return to Employee Relations along with a completed Pre-Authorized Debit (see reverse) Plan Agreement within fifteen (15) working days of your last day worked, whenever possible. Your contribution amount will be debited weekly, or in a lump sum amount if applicable.

* Any event of non-sufficient funds will result in a lost contribution opportunity for the balance of the layoff period.

ELECTION

Team Member Name (print) _____ Clock # _____

I wish to make the basic contribution of 4% of my straight-time base wage to my DC Pension account for reason below:

In addition, I wish to make the voluntary additional contribution of 1% (if enrolled): Yes No

_____ Layoff and Eligible for SUB

Start Date of Contribution: Earliest Eligibility OR other (please specify date) _____

ACKNOWLEDGEMENT: I understand that this election remains in effect for the duration of the current contract period unless I specify otherwise by completing the Cancellation section below and returning this form to Payroll.

Team Member Signature _____ Date _____

CANCELLATION

I wish to cancel my voluntary contributions for all future layoff periods:

ACKNOWLEDGEMENT: I understand that this election remains in effect for the duration of the current contract period unless I specify otherwise by completing the Election section above and returning this form to Payroll

Team Member Signature _____ Date _____

For Payroll Use Only

EE Basic Contribution 4%	ER Basic Contribution 4%	EE Voluntary 1%	ER Match 2%
\$ _____	\$ _____	\$ _____	\$ _____

Payroll Authorizing Signature _____ Date _____

Motors of Canada Company – CAMI Assembly

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/We authorize CAMI Assembly and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our CAMI Assembly account (s). Regular weekly payments for the full amount of services delivered will be debited to my/our specified account each week (or the next business day) and/or in a lump sum as required.

You have waived your right to receive pre-notification of the amount of the PAD and agreed that you do not require advance notice of the amount of PADs before the debit is processed.

Please debit my bank account (attach VOID cheque or Pre-Authorized Transaction Form)

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

(branch – 5 digits, FI – 3 digits)

Authorized Signature (s) of account: _____ **Date:** _____

The amount is as specified on the attached Application for PENSION CONTRIBUTIONS DURING ELIGIBLE LAYOFFS FOR TEAM MEMBERS WHO PARTICIPATE IN THE DC PENSION PROVISION.

The debit will be processed to your account weekly or the next business day, or in one lump sum as required

Authorized signature (s) of account: _____ **Date:** _____

Employee Number: _____

PLEASE PRINT Customer Information

Name(s): _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until CAMI Assembly has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

This agreement will cancel automatically after all applicable deductions have occurred or if cancelled by the plan member.

Return this form to Employee Relations along with your Application for PENSION CONTRIBUTIONS DURING ELIGIBLE LAYOFFS FOR TEAM MEMBERS WHO PARTICIPATE IN THE DC PENSION PROVISION.

**GM Of Canada Company
CAMI Assembly
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Ingersoll, ON, N5C 4A6**

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