



Pension Plan for Professional Staff of Lakehead University

Additional Voluntary Contribution Form

Name:

SIN

ID

Please check one:

Payroll Deduction: Please deduct \$ _____ from my earnings per pay. (The sum of all voluntary deductions for the calendar year must not be greater than the Maximum Additional Voluntary contribution from the Additional Voluntary Contribution Worksheet available from Pension Services.)

Lump Sum Contribution: \$ _____ (This amount must not be greater than the Maximum Additional Voluntary contribution from the Additional Voluntary Contribution Worksheet available from Pension Services. The final date for lump sum contributions is November 15th of each year.)

Please Stop Payroll Deductions

Date:

Signature: _____

Authorization Signature (Required for Processing): _____

Instructions:

- Complete all information above.
- If you elect to make a Lump Sum Contribution, attach to this form a cheque for the amount of the Additional Voluntary Contribution. Please make the cheque payable to: Lakehead University – In Trust for the Pension Plan for Professional Staff of Lakehead University.
- Return this form to the Manager of Pension Services for maximum contribution calculation and authorization