



**Canadian Forces Superannuation Act  
(CFSA)  
Pension Deduction Authorization**

**1. CERTIFICATE HOLDER'S INFORMATION**

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

**2. PENSION NUMBER (IF KNOWN)**

Pension Number: \_\_\_\_\_

**3. SIGNATURE**

**DECLARATION AND AUTHORIZATION BY APPLICANT**

In consideration of my request for insurance coverage under the Service Income Security Insurance Plan (SISIP), 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 Services (SISIP FS) policy for said coverage with Manulife Financial. 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.

\_\_\_\_\_  
Certificate Holder's Signature

\_\_\_\_\_  
Day Month Year