



**PAYMENT AUTHORIZATION
SELF-DIRECTED REGISTERED PLAN
(NON-CO-OP MEMBER)**

I agree to pay _____ any and all of
(Name of Account Representative – i.e., security issuer)

the Registered Plan administration fees levied on my account by the Canadian Worker Co-operative Federation (CWCF), operating as Common Good Capital (CGC). My Account Representative will remit these fees on my behalf to CGC, as set out by the *Agency Agreement* entered into by the security issuer and CWCF. I further understand that my Account Representative may instruct CGC to deduct any such fees directly from any cash balance available in my Registered Plan.

I understand that the Annual Account Fee for account holders whose initial investment was with a CGC Member that is not a co-op is currently \$65.00 per year, inclusive of G/HST. If the fee changes, I will receive 30 days' notice from my Account Representative on behalf of CGC.

Should I close my account after March 31, I will be responsible for remitting my Annual Account Fee directly to CGC for that calendar year unless alternative prior arrangements have been made with my Account Representative. I understand that a fee of \$75.00 will also be charged at the time that my SD-RRSP/SD-TFSA account is closed.

Date

Account Holder Signature