

Regina Civic Employees' Long-term Disability Plan Authorization & Understanding Form

| SECTION 1 – Policy | | | | | |
|---|---|--|--|--|--|
| Policy # 633108 | | | | | |
| SECTION 2 – Member Informat | tion – please print | | | | |
| LAST Name: | FIRST Name & Initial: Telephone #: | | | | |
| Mailing Address: | City/Town: | Prov.: | Postal Code: | | |
| Birth Date: DD/MM/YEAR | Email Address: | | | | |
| SECTION 3 – Member Authoriz | ation & Understar | nding | | | |
| I authorize Manulife to share any pers Employees' Long Term Disability (LTD benefits under the Regina Civic Employelicy. I also agree to release any further info further assessment(s) pertaining to dipolicy. I consent to the use of my Social Insuitatabase, and that it is my responsible number. I certify that the information contained as the original. | Plan (the Plan) that in pyees' Long Term Disable or properties of the properties of | s necessary to ility Plan Bylaw lanulife during to deliberation programming the profession numbers of the prefession if I prefession if I prefession if I prefession in the prefession in the prefession is the prefession in the pr | assess my eligibility for disability 9566 and Disability Management he ongoing management and any ng provided under the Plan and other as an identifier in the Plan's er to use another identification | | |
| Date Fn | nplovee's Sianature | | Witness | | |

<u>Note</u>: Once duly completed and signed, please return this form to the address indicated below. This consent can be withdrawn in writing by the member at any time.

All personal information collected will only be used for the purposes of administering your benefits under the Plan.



Regina Civic Employees' Long Term Disability Plan Direct Deposit Authorization

| First Name: | Middle Initial: | • | Last Nar | ne. | | |
|--|--|--|--|---|----------|---------------------------------|
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| Street Address: | Province: | * | | · · · · · · · · · · · · · · · · · · · | | |
| City: | Postal C | ode: | | | | |
| Personal email: | | | | | | |
| Phone: Date of Birth: YYYY - MM - DD | | | | | | |
| Please refer to your annual statement or the we Direct Deposit Inform | | ived upon ent | ering the Pla | n to locate your | Pensio | on ID |
| If you have a personalized cheque on vename, address, and account number at please write "VOID" across the cheque this form. | hich your e printed | a represe | ntative fr | personalized om your finar ving informa | ncial ir | ues, please have |
| Name of Financial Institution: | | | | | | |
| SHEET ACOURSES OTY, PROVINCE POLICE, COME Address: | | | | | | |
| MOTORS VOID | City: Pro | | Prov: | | Postal: | |
| BANK NAME BANK THE ACCRESS BANK ETTE ACCRESS BAN | | | | | | 4 |
| #00 № 1005550 # 00 № 12786 4 182178 Cheque No. Branch No. Institution No. Bank Account No. | Financial Institution Number: | | | | | |
| | | Bank Acco | ount Num | ber: | | |
| Authorization of Bank Representati | /e: | | | Bank St | amp: | |
| Date: YYYY – MM – DD Representati | ve Signature: | | | | | |
| Member Authorizatio I authorize Möbius Benefit Administrate Canadian financial institution indicated I agree that any payments paid to me in Please note that Möbius Benefit 15 th of the month will result in y | ors Inc. to deposition the attached a error are funds to Administrators of the payment being the cour payment being the court of the court payment being the court payment bei | "Void" cheo that will be cannot gua ng deposite | que/depor paid back rantee tha ed to your | it form. to the Plan. t instructions new account | s recei | ived after the e same month. |
| We advise that you keep your | revious account new accoun | | | nent has bee | n dep | osited into your |
| | | | | | | |

Did you know?

Many financial institutions will allow you to print a direct deposit authorization when you log in to your account online.

LTD_DirectDeposit_2024-10



toll free: 833-662-4870 local: 306-559-8200 fax: 306-559-8225

Agence du revenu du Canada

2024 Personal Tax Credits Return

Protected B when completed

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they

| pay you. | | | | |
|--|--|--|---|-------------------------|
| Last name | First name and initial(s) | Date of birth (YYYY/MM/DD) | Employee num | iber |
| Address | Postal code | For non-residents only | | Social insurance number |
| | 1 1 1 1 1 | Country of permanent resider | ice | |
| | | | | |
| 1. Basic personal amount – Every resident of Canad from all sources will be greater than \$173,205 and you return at the end of the tax year. If your income from al partial claim. To do so, fill in the appropriate section of the calculated amount here. | ı enter \$15,705, you may ha ıll sources will be greater tha | ave an amount owing on your inc an \$173,205 you have the option | ome tax and be to calculate a | nefit |
| 2. Canada caregiver amount for infirm children und 2007 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child. | ne year. If the child does not ligible dependant" on line 8 | t live with both parents throughou may also claim the Canada care | it the year, the giver amount fo | r |
| 3. Age amount – If you will be 65 or older on December less, enter \$8,790. You may enter a partial amount i calculate a partial amount, fill out the line 3 section of F | if your net income for the ye | ncome for the year from all source ear will be between \$44,325 and | es will be \$44,3 \$102,925. To | 25 |
| 4. Pension income amount – If you will receive regula Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. | ar pension payments from a or guaranteed income supp | a pension plan or fund (not includ plement payments), enter which | ling Canada ever is less: | |
| 5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Canadotal tuition fees that you will pay if you are a full-time or the contract of the contract | ada, and you will pay more | iniversity or college, or an educa than \$100 per institution in tuition | tional institution n fees. Enter the | |
| 6. Disability amount – If you will claim the disability ar Tax Credit Certificate, enter \$9,872. | mount on your income tax a | and benefit return by using Form | T2201, Disabilit | у |
| 7. Spouse or common-law partner amount – Enter the or common-law partner is infirm) and your spouse's or conditions apply: | r common-law partner's esti | amount on line 1 (line 1 plus \$2,6 mated net income for the year if | 16 if your spous two of the follow | e ving |
| You are supporting your spouse or common-law page. | | | 599 | |
| Your spouse or common-law partner's net income spouse or common-law partner is infirm) | for the year will be less that | n the amount on line 1 (line 1 plu | s \$2,616 if your | |
| In all cases, go to line 9 if your spouse or common-law | partner is infirm and has a | net income for the year of \$28,0 | 41 or less. | |
| 8. Amount for an eligible dependant – Enter the diffedependant is infirm) and your eligible dependant's esti You do not have a spouse or common-law partner | imated net income for the ye | ear if all of the following condition | ns apply: | and |
| who you are not supporting or being supported by | | | | |
| You are supporting the dependant who is related to | - | | | |
| The dependant's net income for the year will be les you cannot claim the Canada caregiver amount f | | | | and |
| In all cases, go to line 9 if your dependant is 18 years | or older, infirm, and has a | net income for the year of \$28,0 | 41 or less. | |
| Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged 1) the year will be \$28,041 or less. To calculate the amount | 8 or older) or an infirm spo | ouse or common-law partner who | se net income for | |
| 10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law par claimed an amount for if their net income were under \$ You may enter a partial amount if their net income for the out the line 10 section of Form TD1-WS. This workshee with another caregiver who supports the same dependent or older. | ther or eligible dependant y 18,321) whose net income t he year will be between \$19 et may also be used to calcu | ou claimed an amount for on line for the year will be \$19,666 or les 9,666 and \$28,041. To calculate ulate your part of the amount if you | e 9 or could have ss, enter \$8,375 a partial amount ou are sharing it | e .; fill |
| 11. Amounts transferred from your spouse or comm their age amount, pension income amount, tuition amounused amount. | | | | |
| 12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or your all of their tuition amount on their income tax and benefit | spouse's or common-law p | artner's dependent child or grand | | e |
| 13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine | ne the amount of your tax d | eductions. | | |
| | | | | |

Filling out Form TD1

Fill out this form only if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- · you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- · you want to claim the deduction for living in a prescribed zone
- · you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount only.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are only claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling
 that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed intermediate zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

| _ | _ | | |
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Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be-disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings-at canada.ca/cra-information-about-programs.

| Certification | | |
|--|--------------------|------------|
| I certify that the information given on this form is correct and complet | e. | |
| 0. | Data | |
| Signature | Date | 2024-01-05 |
| It is a serious offence to ma | ke a false return. | |
| | | |



2024 Saskatchewan **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

| Last name | First nam | ne and | initi | al(s) | Tr | Date of birth (YYYY/MM/DD) | Employee nur | mber | | | | | |
|---|--------------------------|--------------------|--------------|-----------------|------------|---|-----------------------------------|--------|--------|------|-------|-----|----|
| | T mot riam | io una | | ui(0) | | , | Linployee har | iibci | | | | | |
| Address | F | Postal | cod | е | | For non-residents only Country of permanent resider | 100 | Soci | al ins | sura | nce r | umb | er |
| | | | | 1 1 | | Country of permanent resider | 100 | l I | | | | | |
| Basic personal amount – Every person employed amount. If you will have more than one employer or pasame time" on page 2. | in Saskato yer at the | hewar same | an time | d ever | у г 24 | pensioner residing in Saskatch , see "More than one employe | ewan can claim or payer at the | this | _ | | 18,4 | 491 | |
| 2. Age amount – If you will be 65 or older on Decembe \$5,633. You may enter a partial amount if your net incommount, fill out the line 2 section of Form TD1SK-WS, V | ome for the Workshee | e year t for th | will e 20 | be bet 24 Sa | twe ask | een \$41,933 and \$79,487. To c atchewan Personal Tax Credit | calculate a parti s Return. | al | _ | | | | |
| Senior Supplementary amount – If you are a resid \$1,487. | | | | | | | | | _ | | | | |
| Pension income amount – If you will receive regular Pension Plan, Quebec Pension Plan, old Age Security, \$1000 or your estimated annual pension. | or guarar | nteed in | ncor | ne su | ppl | ement payments), enter which | never is less: | | | | | | |
| 5. Disability amount – If you will claim the disability ar Tax Credit Certificate, enter \$10,894. | mount on y | our in | com | e tax | and | d benefit return by using Form | T2201, Disabili | ty | | | | | |
| 6. Spouse or common-law partner amount – Enter \$ following conditions apply: | | you are | su | pportii | ng | your spouse or common-law p | artner and all c | of the | | | | | |
| Your spouse or common-law partner lives with you | | | | | | | | | | | | | |
| Your spouse's or common-law partner's net income | 150 | | | | | | | | | | | | |
| You may enter a partial amount if your spouse's or com \$20,341. To calculate a partial amount, fill out the line 6 | section c | f Form | TD | 1SK-V | NS | • | | | _ | _ | | | |
| 7. Amount for an eligible dependant – Enter \$18,491 conditions apply: | | | | 71 | - | - | (- | | | | | | |
| You do not have a spouse or common-law partner, who you are not supporting or being supported by | , or you h a | ave a s | pou | ise or | CO | mmon-law partner who does n | ot live with you | and | | | | | |
| The dependant is related to you and lives with you | | | | | | | | | | | | | |
| The dependant has a net income from all sources of | | | | | | | | | | | | | |
| You may enter a partial amount if the dependant's net in amount, fill out the line 7 section of Form TD1SK-WS. | ncome for | the ye | ar v | vill be | be | tween \$1,850 and \$20,341. To | calculate a par | rtial | | | | | |
| 8. Child amount – Enter \$7,015 for each child you are have a spouse or common-law partner, the parent with child you claimed on line 7 or a child claimed by anyone | the lower | net inc | ome | e must | | | | for a | | | | | |
| 9. Caregiver amount - Enter \$10,894 if you are taking | care of a | depen | dan | t and a | all | of the following conditions app | ly: | | | | | | |
| The dependent is your or your spouse's or commor (aged 18 or older) | n-law partr | ner's pa | aren | t or gr | ran | dparent (aged 65 or older) or a | an infirm relative | е | | | | | |
| The dependant lives with you | | | | | | | | | | | | | |
| The dependant has a net income of \$18,605 or less | - | | | | | | | | | | | | |
| You may enter a partial amount if the dependant's net in amount, fill out the line 9 section of Form TD1SK-WS. | ncome for | the ye | ar w | ill be | bet | tween \$18,605 and \$29,499. T | o calculate a pa | artial | | | | | |
| 10. Amount for infirm dependants age 18 or older – following conditions apply: | Enter \$10 | ,894 if | you | are s | upj | porting an infirm dependant ar | nd all of the | | | | | | |
| The dependant lives in Canada and is related to yo | u or your s | spouse | or | comm | on | -law partner | | | | | | | |
| The dependant is 18 years or older | | | | | | | | | | | | | |
| The dependant has a net income of \$7,730 or less: | for the yea | ar | | | | | | | | | | | |
| You may enter a partial amount if the dependant's net in amount, fill out the line 10 section of Form TD1SK-WS. | | | | | | | | tial | | | | | |
| 11. Amounts transferred from your spouse or comm their age amount, senior supplementary amount, pension benefit return, enter the unused amount. | | | | | | | | | | | | | |
| 12. Amounts transferred from a dependant – If your obenefit return, enter the unused amount. | dependan | t will no | ot us | se all o | of t | heir disability amount on their i | ncome tax and | | | | | | |
| 13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine | e the amo | ount of | you | r prov | inc | cial tax deductions. | | | | | | | |
| | | | | | | | | | | | | | |

| Filling | out I | orm | TD ₁ | SK |
|---------|-------|-----|-----------------|----|
|---------|-------|-----|-----------------|----|

Fill out this form if you have taxable income in Saskatchewan and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- · you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1SK, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1SK for 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1SK, check this box, enter "0" on line 13 and do not fill in lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Then your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings-at canada.ca/cra-information-about-programs.

| Certification | 11 | |
|--|------|------------|
| I certify that the information given on this form is correct and complete. | | |
| Signature | Date | 2023-12-20 |
| It is a serious offence to make a false return. | | |