



**ADDITIONAL VOLUNTARY CONTRIBUTION CONSENT / PAYROLL DEDUCTION
AUTHORIZATION FORM**

I, _____ of _____
(Name) (Organisation)

With PEN _____ hereby authorize deduction from
my gross earnings for the following:

Additional Voluntary Contribution (AVC) AMOUNT

To be deducted each pay period: Monthly OR Quarterly

Beginning from _____ (State month/date)

Signature _____ Date _____

Name _____

Distribution
Original Copy to RSA holder's HR Department
A copy to VG Pensions
A copy to be retained by the customer for his/her records.