



## Payroll Savings Plan Participant Form

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee/Payroll No: \_\_\_\_\_ SIN: \_\_\_\_\_

I would like to participate in the GrowthWorks Atlantic Venture Fund Payroll Saving Plan and hereby authorize my Employer to deduct from my earnings and pay to GrowthWorks Atlantic Venture Fund Ltd. (the "Fund") on my behalf the agreed amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period starting (yr/month/date): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to be applied towards the purchase of Class A shares of the Fund.

- Check here for additional source deductions.** I hereby request and authorize my employer to take into consideration my participation in the payroll savings plan when calculating my source deductions.

**I certify that the information provided in the above statement is true, correct and complete and agree that such information may be used for all purposes associated with and incidental to my participation in the Payroll Savings Plan.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Employer Information

Employer/Company Name: \_\_\_\_\_

Payroll Administrator's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Your Investment Advisor

For more information on the GrowthWorks Atlantic Venture Fund Payroll Savings Plan, please contact:

**Before you submit this form, you should speak with your investment advisor and read the Fund's prospectus. No government in any way guarantees an investment in the Fund.**