



## **Salary Deduction Authorization Form**

I hereby request and authorize \_\_\_\_\_ (Name of Company), to deduct from my salary each monthly pay period as noted below, the amounts as indicated below, and to transit this amount to COLINA FINANCIAL ADVISORS LIMITED ("the Company") for 10 consecutive months. THIS REPLACES ANY PREVIOUS AUTHORIZATION given to the Company and cannot be revoked without a signed letter by CFAL.

Name of Payor/Employee		Department
P.O. Box	Telephone	Cell Phone
Name of Employer		Employee Number
Contact	Email	
National Insurance Number of Employee	CFAL Account Number (CFAL staff to complete)	
*Date of First Salary Deduction August ____ 2025	Date of Final Salary Deduction May ____ 2026	

*\*Individuals with bimonthly payrolls should use the pay period closest to the end of the month*

Type of Deduction	Total Requested Amount	Deduction Amount Per Pay Period (Monthly)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Title & Signature of Employer Representative

\_\_\_\_\_  
Date & Stamp

*Note: After the failure to pay three consecutive payments, an investor's subscription will be deemed default with shares forfeited. Funds will be refunded without any interest within 60 days of the subscriptions being deemed default.*