PENSION CONTRIBUTIONS FOR THE CAPITAL PENSION PLAN

EMPLOYER NAME: _____

EMPLOYER DIVISION NUMBER: _____

FOR THE PERIOD: _____

SIN #	Name	Employee Required	Employer Required	Voluntary	Total
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

$0.00

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