

## myFLEXplan

Company Name: _____	Plan ID: _____
Employee Name: _____	ID Number: _____
Direct Deposit to A/C on File <input type="checkbox"/>	OR Send cheque to address on file (fee may be applicable) <input type="checkbox"/>
Signature: _____	Date: _____

Only original official receipts will be accepted. All receipts must clearly indicate the date, description of item or service that was purchased and the amount of purchase including taxes.

[illegible]

**TOLCO Financial Strategies**  
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