

Notice of member termination

Return to Great-West Life

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor _____

Policy/plan number _____

MEMBER INFORMATION (please print)

Last name _____

Initial _____

First name _____

Certificate / Social insurance number _____

Home telephone number _____

() -

Daytime / alternate telephone number _____

() -

Member's home address (street address, city, province and postal code) _____

TERMINATION DETAILS

Effective date of member termination: _____

Reason for termination - must be consistent with reporting for Employment Insurance (EI) Record of Employment (ROE)

- Termination of employment
 Retirement (Code G on ROE)

Spouse's name: _____

Spouse's date of birth: _____

- Other _____ (Code _____ on ROE)

Notification of Death:

- Date of Death: _____

Contribution information:

- All contributions for the member have been sent in.
 The final contribution for the member will be sent in on _____
in the amount of \$ _____.

If the member has a **non-employee spouse** who is a member of the group plan, enter the spouse's name and certificate number: Name _____ Certificate _____

If employee is Status Indian, provide 10 digit Indian Registry No. _____

Have all or a portion of contributions made on behalf of the employee been in respect of salary earned on a Reserve?

- No contributions made have been in respect of salary earned on a Reserve
 All contributions made have been in respect of salary earned on a Reserve
 Some of the contributions made have been in respect of salary earned on a Reserve. The percentage of the employment duties the employee performed on the Reserve was _____%

Special note for **Deferred Profit Sharing Plans**. The DPSP pension credit used to calculate the employee's PA in the year of termination cannot be more than the greater of 18% of the employee's compensation and 50% of the money purchase contribution limit, in the year of termination. If allocations in the year of termination exceed this limit, you must request a refund of the excess contribution amount.

SPECIAL INSTRUCTIONS

EMPLOYER/PLAN SPONSOR SIGNATURE

I verify that the above information is correct. Please contact the member regarding options available under the above policy/plan number.

Date

Signature of employer/plan sponsor by authorized person.