

Notice of member termination

Return to Canada Life, Group Retirement Services

EMPLOYER/PLAN SPONSOR				
Name of employer/plan sponsor			Policy/plan number	
MEMBER INFORMATION Last name	Initial	First name	Certificate	
	b			
Primary phone number () -		phone number -	Personal email	
Member's home address (street addre				
TERMINATION DETAILS				
Termination date (This refers to the last day the member work (such as when a member uses va	is officially re	egistered on your company	y payroll. It may not necessarily be the last day of date)	
Reason: Termination of Er			rmination of membership	
	s member to	receive a retirement bene	provide last day worked(mmm dd fit, the Ontario Pension Benefits Act requires that	
Employee's spouse or family me Does the member have a non-emp the spouse's/family member's nam Name	loyee spous e and certifi	icate number:	o is a member of the group plan? If yes, enter	
Will there be any future contribu			oproximate Amount \$	
Tax-exempt employment income Were any past contributions made • If the member's employed	from tax-ex		me es, then it's considered tax-exempt income.	
No - contributions made have been in respect of such tax-exempt income				
Yes - contributions made have been in respect of such tax-exempt income. The percentage of the employment duties relating to such tax-exempt income was <u>%</u>				
greater of 18% of the employee's c	ompensatio	on and 50% of the mone	year of termination cannot be more than the by purchase contribution limit for that year. If at a refund of the excess contributions.	
Comments (optional)				
			she File transfer link on our secure website	
grsacess.com)	-		the File transfer link on our secure website	
	rrect. Please	contact the member rega	rding options available under the above policy/plan	

Date

Signature of employer/plan sponsor by authorized person

Save time by submitting terminations online using the Terminate employment link on GRSACCESS.com.

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