

NOTICE OF TERMINATION



<input checked="" type="checkbox"/> Group Insurance Certificate # <u>12345</u>		<input checked="" type="checkbox"/> Pension Plan Certificate # <u>6789</u>	
Employer Name <u>ABC COMPANY</u>		Employee Name <u>JOE SMITH</u>	
Reason for Termination			
<input checked="" type="checkbox"/> Employment Terminated		Date: (MM/DD/YYYY): <u>10 / 15 / 2011</u>	
<input type="checkbox"/> No Longer Eligible		Reason: <input type="checkbox"/> Less than 24hrs/work <input type="checkbox"/> No Longer a Permanent Employee	
Leave of Absence:			
<input type="checkbox"/> Maternity/Parental Leave		<input type="checkbox"/> Temporary Layoff	
<input type="checkbox"/> Compassionate Care Leave		<input type="checkbox"/> Other (Please Explain) _____	
Last day worked: (MM/DD/YYYY): _____ / _____ / _____			
Expected Return to Work Date (MM/DD/YYYY): _____ / _____ / _____			
Social Insurance Number <u>123456789</u>	Date of Birth: (MM/DD/YYYY) <u>01/01/1960</u>	Date of Termination of Service: (MM/DD/YYYY) <u>10/15/2011</u>	Month of Final Pension Contributions <u>OCTOBER</u>

To ensure accuracy of the employee's Option Statement, please indicate the last pay period for which pension contributions will be deducted. (MM/DD/YYYY) 10 / 29 / 2011

<input type="checkbox"/> Non-Status <input checked="" type="checkbox"/> Status: Treaty No: <u>11111</u>			
<input type="checkbox"/> 100% of Income earned is tax exempt as provided under the Indian Act			
Employee's Current Address (Number, Street, Apt. Number) <u>123 ANY STREET</u>		City/Town <u>WINNIPEG</u>	Province <u>MB</u>
Postal Code <u>R2R 1A2</u>	Daytime Phone # <u>(123) 456-7890</u>		
The employer authorizes MGI FINANCIAL INC. to provide the above terminated employee with an option statement.			
Authorized Employer Signature: <u>J. Doe</u>		Date: <u>Oct. 16/2011</u>	

Authorization and Consent

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by MGI Financial Inc. and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and service to me and my employer, and to manage the organization's business

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include the insurance carriers of my group insurance policy, licensed physicians and/or any other health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the group policy of which I am an eligible member.

I understand that the personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. (For additional information regarding MGI Financial Inc.'s Group Benefits privacy policy I can contact MGI Financial at 204-786-0324 or privacy@mgiwealth.com should I have questions as to the collection, use or disclosure of my personal information)

OFFICE USE ONLY

Group Insurance Pension Plan - Policy No: _____