

Notice of member termination

Return to Great-West Life
PO Box 7200 Stn. Main, Winnipeg, MB R3C 4W4



EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor ABC COMPANY	Policy/plan number 12345
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MEMBER INFORMATION (please print)

Last name JONES	Initial	First name SUSAN	Certificate / Social insurance number 123-456-789
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Home telephone number (555) 555-1235	Daytime / alternate telephone number (555) 555-5555
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Member's home address (street address, city, province and postal code)

123 ANY STREET, WINNIPEG, MB R3B 2E4

TERMINATION DETAILS

Effective date of member termination: **OCT 12, 2009**

Reason for termination: Termination of employment
 Retirement
 Spouse's name: _____
 Spouse's date of birth: _____
 Other

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 **NOV 20, 2009**
 in the amount of \$ **325.00**.

Have all contributions made on behalf of this employee been in respect of salary earned on a Reserve?
 No Yes – if yes and employee is Status Indian, provide 10 digit Indian Registry No. **0036589127**

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 lesser 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.

OCT 12, 2009 *Heather Jackson*
 Date Signature of employer/plan sponsor by authorized person.