

## Notice of member termination

Return to Great-West Life, Group Retirement Services

1-800-724-3402

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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### 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

#### Reason and date:

- Termination of employment effective \_\_\_\_\_ (mmm dd yyyy)  
(means permanent termination; not temporary leaves such as maternity, disability, etc.)
- Retirement effective \_\_\_\_\_ (mmm dd yyyy)  
Spouse's name: \_\_\_\_\_  
Spouse's date of birth: \_\_\_\_\_
- Other: Reason \_\_\_\_\_ effective \_\_\_\_\_ (mmm dd yyyy)  
Code on Record of Employment \_\_\_\_\_
- Death – date of death \_\_\_\_\_ (mmm dd yyyy)

#### Employee's spouse:

Does the member have a non-employee spouse who is a member of the group plan? If yes, enter the spouse's name and certificate number: Name \_\_\_\_\_ Certificate \_\_\_\_\_

#### Contribution information:

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

#### Tax-exempt employment income:

Were any of the contributions made on behalf of the employee from tax-exempt employment income as determined by the TD1-IN you have on file for the employee?

- a.  No contributions made have been in respect of such tax-exempt income
- b.  All contributions made have been in respect of such tax-exempt income
- c.  Some contributions made have been in respect of such tax-exempt income. The percentage of the employment duties relating to such tax-exempt income was \_\_\_\_\_%

If you checked b. or c. your verification will be relied upon to waive tax-withholding on any applicable withdrawals or benefits paid to the member

#### 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 for that year. If allocations in the year of termination exceed this limit you must request a refund of the excess contributions.

### 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