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
Primary phone number () - (econdary phone number) -	Personal email
Member's home address (street address, city, province and postal code)		
TERMINATION DETAILS		
Termination date (mmm dd yyyy) (This refers to the last day the member is officially registered on your company payroll. It may not necessarily be the last day of work (such as when a member uses vacation days before official termination date)		
Reason: Termination of Employment Death Termination of membership		
Retirement		
 If plan is subject to Ontario pension legislation, provide last day worked (mmm dd yyyy). For this member to receive a retirement benefit, the Ontario Pension Benefits Act requires that this member has stopped employment 		
Employee's spouse or family member: Does the member have a non-employee spouse or family member who is a member of the group plan? If yes, enter the spouse's/family member's name and certificate number: Name Certificate		
Will there be any future contributions to the employee's plan? No Yes - Approximate date:Approximate Amount \$		
Tax-exempt employment income: Were any past contributions made from tax-exempt employment income • If the member's employment income isn't subject to federal taxes, 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%		
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.		
Comments (optional)		
EMPLOYER/PLAN SPONSOR SIGNATURE (not required if sent through the File transfer link on our secure website grsacess.com)		
	ect. Please contact the member regar	ding options available under the above policy/plan
Date	Signature of employer/plan spo	onsor by authorized person

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