



## Waiver of participation in a group retirement plan

To be completed by an employee who is eligible to participate in a group retirement plan, but has chosen not to participate.

EMPLOYER/PLAN SPONSOR INFORMATION				
Name of employer/plan sponsor			Policy/plan number	
EMPLOYEE INFORMATION				
Last name	Initial	First name	Social insurance number	Employee I.D.
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I understand that my Employer has sponsored a group retirement plan and that I am eligible to participate in the plan. I have been given the information regarding the terms of the group retirement plan and decline to participate at this time. I also understand that this will not prevent me from future participation.

I have declined participation in the following group retirement plan(s):

- Registered Retirement Savings Plan
- Registered Pension Plan
- Deferred Profit Sharing Plan
- Non-Registered Savings Plan
- Tax-Free Savings Account

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form is to be retained by the employer/plan sponsor and should not be returned to Canada Life.

Contact information 1-800-724-3402 or [mycanadalifeatwork.com](http://mycanadalifeatwork.com)  
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