

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.

Services for the plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION				
Name of employer/plan sponsor FELLOWSHIP OF CHRISTIAN ASSEMBLIES			Policy/plan number 67816	

EMPLOYEE INFORMATION				
Last name	Initial	First name	Social insurance number - -	Employee I.D.

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 Great-West.