

**Group retirement plan**

**Payroll deduction  
 authorization**

To be completed by an employee who is eligible to participate in a group retirement plan.

Services for this 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	Policy/plan number
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**EMPLOYEE INFORMATION**

Last name	Initial	First name	Social insurance number	Employee I.D.
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**Payroll deduction authorization** – I authorize my employer/plan sponsor to deduct contributions for remittance to the above plan as follows:

**Plan:**                    ( ) RRSP    ( ) RPP    ( ) Non-Registered    ( ) Other \_\_\_\_\_

<b>Payroll deduction:</b> (fill in only those applicable)	Contribution Type	Amount to be deducted per pay
	<u>Regular / required</u>	_____ %
	<u>Additional voluntary</u>	_____ %
	_____	_____ %

This replaces all previous instructions for this group retirement plan.

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

NOTE: This form is to be retained by the client/plan sponsor, and should not be returned to Great-West Life, Group Retirement Services.