

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

**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       TFSA       VRSP  
 Other \_\_\_\_\_

**Payroll deduction:**      Contribution Type                    Amount to be deducted per pay  
(fill in only those  
applicable)                    Regular / required                    \_\_\_\_\_%

Additional voluntary                    \_\_\_\_\_%

   \_\_\_\_\_                    \_\_\_\_\_%

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.