



NOTICE OF TERMINATION OF EMPLOYMENT
Pension plan

IMPORTANT

The notice of termination of employment must be completed and returned to Assumption Life in the year in which the member has terminated their employment and when the member's final contribution has been submitted.

Name of employer _____ Plan number _____

Name of member _____ Social insurance number _____

Date of birth _____ Date of employment _____ Date of participation _____
Day/Month/Year Day/Month/Year Day/Month/Year

Member's current address _____ Telephone number _____
_____ Email address _____

Reason for termination

Please check the appropriate box:

- Termination of employment _____ Day/Month/Year
- Early retirement _____ Day/Month/Year
- Death before retirement _____ Day/Month/Year
- Normal retirement _____ Day/Month/Year
- Other (please specify) _____

Comments

_____ Date

_____ Signature of authorized person