

1 Adelaide Street East, Suite 2900 Toronto ON M5C 3A7

## WAIVER TO OPT OUT OF BASIC LIFE INSURANCE COVERAGE

Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Email: email@optrust.com Website: optrust.com

You have the choice to opt out of basic life insurance coverage at any time during your retirement. The Province of Ontario pays the premium, but because it is a taxable benefit, you may pay income tax on that premium. Once you sign the waiver to terminate your life insurance coverage with Canada Life (formerly Great-West Life), you cannot change your mind. The waiver is irrevocable					
To opt out of the basic life insurance	coverage, please complete	e this waiver and return it	to OPTrust.		
Last Name	First Name				
OPTrust ID or Employee Number	Email or Telephone		Date of Birth (D	ay-Month-Year)	
Mailing Address		City/Town	Province	Postal Code	
I,	w	raive my entitlement to b	asic life insurance cov	verage effective on	
the 1st day of	,20 .				
I understand that in the event of my	death, my survivors will no	ot receive any life insuran	ce benefits from this	policy.	
Signature		Date (Day-Month-\	∕ear)		
We must receive a signed and dated the waiver.	waiver form in order to ca	ncel your life insurance p	olicy. OPTrust will ack	knowledge receipt c	۶f