



Waiver of Participation

To be completed by an associate who is eligible to participate in the group retirement plan, but has chosen not to participate.

Your personal information

First name

Middle Initial

Last name

Date of birth (mmm/dd/yyyy)

Associate ID

Your Group Registered Retirement Savings Plan information

Plan: Great-West Life DPSP/RRSP

Policy #: 42369

Your waiver of participation

I acknowledge that I am eligible to join my company sponsored group retirement plan and have been given the opportunity to participate in the Group RRSP and DPSP.

I have been given the information regarding the terms of the group retirement plan and decline to participate at this time.

I further understand that should I wish to join the Plan at a future date, that it is my responsibility to initiate such a request.

Please sign here:

Your Signature

Date (mm/dd/yyyy)

Questions? Contact HR Shared Services at hrsharedservices-canada@petsmart.com