

THE ANGLICAN CHURCH OF CANADA

THE LAY RETIREMENT PLAN & LONG-TERM DISABILITY PLAN ENROLLMENT FORM

If you are joining these plans for the first time, please complete this form. Your required contributions to the plan will be made by payroll deduction.

MEMBER INFORMATION Lay

Name (<i>first, initial, last</i>) (Miss, Ms., Mrs., Mr.)		Date of birth (<i>day, month, year</i>) (Proof required)
Address		Social insurance number
Spouse/partner's name (<i>first, initial, last</i>)		Date of employment (<i>day, month, year</i>)
Spouse/partner's date of birth (<i>day, month, year</i>)	Spouse/partner's social insurance number	Date of marriage/co-habitation (<i>day, month, year</i>)

BENEFICIARY INFORMATION

Pension legislation requires pre-retirement death benefits to be paid to your eligible spouse/partner unless a waiver is signed. If you do not have an eligible spouse/partner and do not name any other beneficiary, death benefits will be paid to your estate.

Beneficiary (<i>if other than spouse</i>)	Relationship	Beneficiary's address
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CONSENT

I understand that under the terms of the Lay Retirement Plan, contributions will be deducted from my salary at the rate of 5.0%. I also understand that I will be required to participate in the Long-Term Disability Plan (if I am not able to provide proof of alternate coverage for Long-Term Disability) and contributions will be deducted from my salary. I consent to the information provided in this form being collected by the Pension Office for the purposes of assessing eligibility for all benefits for which I may be entitled.	
Member's signature	Date (<i>day, month, year</i>)

FOR EMPLOYER USE ONLY

Diocese/employer	Proof of age: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other (<i>specify</i>)
Group Insurance Benefits Plan participant <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed insurance application attached <input type="checkbox"/> Yes <input type="checkbox"/> No

We accept the responsibility as outlined in Canon IX of the General Synod to remit the Employer and Employee contributions to the Pension Office. Employer signature	Salary for pension purposes
	Date (<i>day, month, year</i>)

Completed form to be forwarded to:

The Pension Office Corporation
Anglican Church of Canada
625 Church St., Suite 401
Toronto, ON, M4Y 2G1