

# THE ANGLICAN CHURCH OF CANADA

## THE GENERAL SYNOD PENSION PLAN

### APPLICATION FOR SURVIVOR'S BENEFIT

**Please Print clearly.**

I wish to apply for a survivor's benefit.

As pension payments are subject to income tax, federal and provincial TD1 forms **must** be submitted with this application.

#### DECEASED MEMBER INFORMATION

Name (first, initial, last)	Social insurance number
Diocese/Employer	Date of birth (day, month, year)

#### SURVIVOR INFORMATION

Name (first, initial, last)	Social insurance number	Date of Birth (day, month, year)
Address		Date of marriage/cohabitation (d,m,y).

#### DIRECT DEPOSIT INFORMATION

Pension payments will be deposited directly to your account through the electronic banking system on the 26th of each month, however, should the 26th fall on a Saturday or Sunday, payment will be deposited on the following Monday.

**Please attach a personalized void cheque.**

#### SIGNATURE

Signature of Applicant	Signature of Witness (must be clergy, lawyer, doctor, bank manager)
Date (day, month, year)	Occupation of witness