

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN TERMINATION/TRANSFER/LEAVE OF ABSENCE

Please print firmly.

MEMBER INFORMATION Ordained Lay

Name (<i>first, initial, last</i>)		
New address (<i>if applicable</i>)		
Diocese/employer	Date of birth (<i>day, month, year</i>)	Social insurance number

TRANSFER/TERMINATION OF EMPLOYMENT

Transfer from diocese	Transfer to diocese
Date of transfer (<i>day, month, year</i>)	Date of termination (<i>day, month, year</i>)

LEAVE OF ABSENCE

<input type="checkbox"/> Study <input type="checkbox"/> Maternity <input type="checkbox"/> Parental <input type="checkbox"/> Other* (Please specify) _____	
* If you are not taking study, maternity or parental leave, your pension account will be "frozen" and your contributions will stop from the date your leave begins.	
Date leave begins (<i>day, month, year</i>)	Return Date (<i>day, month, year</i>)

SIGNATURE

Member's signature	Leave approved by	Date (<i>day, month, year</i>)
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FOR DIOCESAN/EMPLOYER USE ONLY

Total Employer and Employee pension contributions for the current year	
Benefits to be continued while on study, maternity or parental leave: <input type="checkbox"/> Pension and LTD <input type="checkbox"/> Other group benefits	
Diocesan/employer signature	Date (<i>day, month, year</i>)