

ANGLICAN CHURCH OF CANADA

LAY RETIREMENT PLAN
TERMINATION FORM

MEMBER INFORMATION

Name (first, initial, last)	
Social Insurance Number	Date of Birth (day, month, year)
Mailing Address	

TERMINATION OF EMPLOYMENT

Date of Termination (day, month, year)
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PENSION CONTRIBUTIONS

Total Pension Contributions for the Current Year to date of Termination	
Employee	Employer
Final Pension Contributions	
Employee	Employer
Cheque attached <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER INFORMATION

Employer	
Address	
Employer's Signature	Date (day, month, year)

FOR PENSION OFFICE USE ONLY

Date Received	Date Processed
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