

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN CHANGE OF INFORMATION

Please print firmly.

MEMBER INFORMATION Ordained Lay

Name (<i>first, initial, last</i>)	Diocese/employer	Social Insurance Number
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CHANGE OF NAME

Previous name (<i>first, initial, last</i>)	New name (<i>first, initial, last</i>)
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CHANGE OF ADDRESS

New address	Effective date
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CHANGE OF SPOUSE/PARTNER

Spouse/partner's name (<i>first, initial, last</i>)	Spouse/partner's date of birth (<i>day, month, year</i>)
	Spouse/partner's Social Insurance Number:
<input type="checkbox"/> Co-habitation <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> Separation	Date of marriage/co-habitation (<i>day, month, year</i>)
	Date of Divorce/Separation (<i>day, month, year</i>)

ADDITION OF DEPENDENT CHILD(REN)*

Child's name (<i>first, initial, last</i>)	D.O.B. (<i>day, month, year</i>)	Child's name (<i>first, initial, last</i>)	D.O.B. (<i>day, month, year</i>)
_____	_____	_____	_____
_____	_____	_____	_____

* Includes your natural or legal children under age 18, or under age 25 if attending an educational institution full-time, or if totally disabled as determined by the Board of Trustees.

DEATH OF SPOUSE/PARTNER OR CHILD

Name (<i>first, initial, last</i>)	
Relationship	Date of death (<i>day, month, year</i>)

FOR DIOCESAN/EMPLOYER USE ONLY

Proof: <input type="checkbox"/> Certificate <input type="checkbox"/> Other	Diocesan/employer signature	Date (<i>day, month, year</i>)
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