

THE ANGLICAN CHURCH OF CANADA

THE CONTINUING EDUCATION PLAN

DIOCESE/EMPLOYER APPROVAL FORM

Under the terms of the Continuing Education Plan, when an employee ceases employment, he/she is no longer eligible to make claims under the Plan, unless continuing to work in some capacity for a participating diocese/employer.

Please complete this form. If you have any questions, please contact the Pension Office.

Account holder information:

Name: _____ Date of Retirement/
Termination: _____
Address: _____
_____ Tel: _____

This is to confirm that the above-named continues to perform work for:

Diocese/Employer: _____

Address: _____

Position: _____

(The position must be of a duration no less than 3 months and a minimum of 20 hours/week.)

Number of hours worked each week: _____

Commencing _____ and ending _____

(The work must commence within 3 months of retirement for retired account holders.)

Bishop/Director signature

Date

Upon completion, please return to:

The Administrator
The Continuing Education Plan
The Pension Office Corporation
625 Church Street, Suite 401
Toronto, ON M4Y 2G1

Tel: (416) 960-2484

Toll free: 1-800-265-1070

Fax: (416) 968-7689

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