

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN APPLICATION FOR RETIREMENT PENSION

Please complete this form and return it to your diocese/employer at least two months before the date you intend to retire. As pensions are subject to income tax, federal and provincial TD1 forms must be submitted with this application.

MEMBER INFORMATION

Ordained Lay

Name (first, initial, last)	
Address	Date of Birth (dd-mmm-yyyy)
Diocese/Employer	Social Insurance Number
Spouse/partner's name (first, initial, last)	Spouse/Partner's date of birth (dd-mmm-yyyy)
Beneficiary*	Date of Marriage/Cohabitation (dd-mmm-yyyy)
Beneficiary's address	Last working day (dd-mmm-yyyy)

* If you wish to name someone other than your spouse/partner as your beneficiary, you both must sign a waiver.

RETIREMENT BENEFITS

I wish to apply for:	<input type="checkbox"/> Normal retirement benefits
	<input type="checkbox"/> Early retirement benefits (you must be at least age 55 with a minimum of two years membership in the pension plan)
	<input type="checkbox"/> Postponed retirement benefits

HEALTH CARE BENEFITS

I wish to apply for retiree health benefits (if available).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CHILD BENEFITS

If you have children less than 25 years of age they may be entitled to a small monthly pension benefit. Children under age 18 qualify automatically. Children 18 and over must be in full-time attendance at school or be considered totally disabled. Please complete this section if you have children who qualify.			
Child's name (first, middle, last)	D.O.B. (dd-mmm-yyyy)	Child's name (first, middle, last)	D.O.B. (dd-mmm-yyyy)

Please attach a personalized, void cheque.

SIGNATURE

Member's signature	Date (dd-mm-yyyy)
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FOR EMPLOYER USE ONLY

Date Salary will cease (dd-mmm-yyyy)	Total Pension Contributions for current year	Employer signature
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Note: Please ensure that the Continuing Education Plan Retirement/Termination form is included with this application if applicable.