

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN APPLICATION FOR SURVIVOR'S BENEFIT

Please Print clearly.

I wish to apply for a survivor's benefit.

As pension payments are subject to income tax, federal and provincial TD1 forms **must be** submitted with this application.

DECEASED MEMBER INFORMATION

Name (<i>first, initial, last</i>)	Social insurance number
Diocese/Employer	Date of birth (<i>dd-mmm-yyyy</i>)

SURVIVOR INFORMATION

Name (<i>first, initial, last</i>)	Social insurance number	Date of birth (<i>dd-mmm-yyyy</i>)
Address		Date of marriage/co-habitation (<i>dd-mmm-yyyy</i>)

DIRECT DEPOSIT INFORMATION

Pension payments will be deposited directly to your account through the electronic banking system on the 26th of each month, however, should the 26th fall on a Saturday or Sunday, payment will be deposited on the following Monday.

Please attach a personalized void cheque.

SIGNATURE

Signature of Applicant	Signature of Witness (must be clergy, lawyer, doctor, bank manager)
Date (<i>dd-mmm-yyyy</i>)	Occupation of witness