

THE ANGLICAN CHURCH OF CANADA

THE LAY RETIREMENT PLAN AND LONG-TERM DISABILITY PLAN TERMINATION/TRANSFER/LEAVE OF ABSENCE

MEMBER INFORMATION

Lay

Name (<i>first, initial, last</i>)		
New address (<i>if applicable</i>)		
Diocese/employer	Date of birth (<i>dd-mmm-yyyy</i>)	Social insurance number

TRANSFER/TERMINATION OF EMPLOYMENT

Transfer from diocese/employer	Transfer to diocese/employer	
Date of transfer (<i>dd-mmm-yyyy</i>)	Date of termination (<i>dd-mmm-yyyy</i>)	On severance <input type="checkbox"/> Yes <input type="checkbox"/> No

LEAVE OF ABSENCE

Study	Pregnancy	Parental	Family Medical	Other* (Please specify) _____
* If you are not taking a leave which qualifies as an approved leave, your pension account will be "frozen" and your contributions will stop from the date your leave begins.				
Date leave begins (<i>dd-mmm-yyyy</i>)	Return date (<i>dd-mmm-yyyy</i>)	Leave approved by		

SIGNATURE

Member's signature	Date (<i>dd-mmm-yyyy</i>)
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FOR EMPLOYER USE ONLY

Total Employer and Employee pension contributions for the current year	
Benefits to be continued while on study, maternity or parental leave, or severance: <input type="checkbox"/> Pension and LTD <input type="checkbox"/> Other group benefits	Extension until date (<i>dd-mmm-yyyy</i>)
Diocesan/employer signature	Date (<i>dd-mmm-yyyy</i>)