

# 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> )		
Employer	Date of birth ( <i>dd-mmm-yyyy</i> )	Social insurance number

### TRANSFER/TERMINATION OF EMPLOYMENT

Transfer from employer	Transfer to employer
Date of transfer ( <i>dd-mmm-yyyy</i> )	Date of termination ( <i>dd-mmm-yyyy</i> )

### 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: <input type="checkbox"/> * Pension and LTD <input type="checkbox"/> Other group benefits	
Employer signature	Date ( <i>dd-mm-yyyy</i> )

\* Please send the GRS termination form directly to GRS for processing.