

THE ANGLICAN CHURCH OF CANADA

THE CONTINUING EDUCATION PLAN RETIREMENT/TERMINATION FORM

Please complete this form and return it to your diocese/employer before the date of retirement/termination of employment. If you have any questions, please feel free to contact the Pension Office.

Canada Revenue Agency (CRA) requires that all funds used in the Continuing Education Plan by the account holders must be for the benefit of the employers. Our administrative policy is that account holders are not permitted to use the funds in their account within three months of the date of their retirement or termination, in order to satisfy CRA's requirement.

Employee Name: _____ Telephone: _____

Address: _____

Social insurance number: _____ Diocese/Employer: _____

RETIREMENT/TERMINATION OF EMPLOYMENT (please indicate which one)

Date of Retirement (*dd-mmm-yyyy*): _____

YES/NO, I will/will not continue to offer my services to the Church.

IF YES, PLEASE COMPLETE THE ATTACHED DIOCESE/EMPLOYER APPROVAL FORM.

When an employee retires, he/she is no longer eligible to make claims under the Plan, unless continuing to work in some capacity for a participating diocese/employer. The work must commence within twelve months of retirement.

Date of Termination (*dd-mmm-yyyy*): _____

When an employee ceases employment with a participating diocese/employer, the account will be frozen for a period of twelve months. In the event of return to work for a participating diocese/employer within twelve months of ceasing participation, the account will be reactivated at the level it was upon leaving. After twelve months, a return to work will result in a new account being established, with zero starting balance.

A claim is eligible under the Plan, only if an employee is continuing to work in some capacity for a participating diocese/employer. If that is the case, PLEASE COMPLETE THE ATTACHED DIOCESE/EMPLOYER APPROVAL FORM.

Employee's signature: _____ Date: _____
(*dd-mmm-yyyy*)

TO THE PENSION OFFICE

Total CEP contributions for current year \$ _____ to cover the period _____

Diocesan/employer signature: _____ Date: _____
(*dd-mmm-yyyy*)

FOR PENSION OFFICE USE ONLY

Date received: _____ Date processed: _____