

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN & LONG TERM DISABILITY PLAN ENROLLMENT FORM

If you are joining these plans for the first time, please complete this form. Your required contributions to the plans will be made by payroll deduction.

MEMBER INFORMATION

Ordained Lay

Name (<i>first, initial, last</i>) (Miss, Ms., Mrs., Mr.)		Date of birth (<i>dd-mmm-yyyy</i>) (Proof required)	
Address		Social insurance number	
Spouse/partner's name (<i>first, initial, last</i>)	Date of ordination (<i>dd-mmm-yyyy</i>)	Date of employment (<i>dd-mmm-yyyy</i>)	
Spouse/partner's date of birth (<i>dd-mmm-yyyy</i>)	Spouse/partner's social insurance number	Date of marriage/co-habitation (<i>dd-mmm-yyyy</i>)	
Child's name (<i>first, middle, last</i>)	D.O.B. (<i>dd-mmm-yyyy</i>)	Child's name (<i>first, middle, last</i>)	D.O.B. (<i>dd-mmm-yyyy</i>)

BENEFICIARY INFORMATION

If beneficiary is under the age of 18, a trustee must be appointed. If this is necessary, or you want to name a back-up beneficiary, please request an Appointment of Beneficiary form.
 Pension legislation requires pre-retirement death benefits to be paid to your eligible spouse/partner unless a waiver is signed. Where the Civil Code of Quebec applies, any designation of the applicant's spouse as beneficiary is irrevocable unless the applicant stipulates the designation to be revocable, by checking the box below
 I stipulate that the designation of my spouse as beneficiary is **revocable**
 If you do not have an eligible spouse/partner and do not name any other beneficiary, death benefits will be paid to your estate.
 To the extent permitted by law, I reserve the right to alter or revoke the beneficiary below

Beneficiary (<i>if other than spouse</i>)	Relationship	Beneficiary's address
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BACK SERVICE

Do you have prior employment with the Church in which you did not contribute to the pension plan?	Yes	No
If yes, do you wish to exercise your option to buy additional pension for back service?	Yes	No

CONSENT

I understand that under the terms of the General Synod Pension Plan & the Long Term Disability Plan, contributions will be deducted from my salary.
 I consent to the information provided in this form being collected by the Pension Office for the purposes of assessing eligibility for all benefits for which I may be entitled and I consent to the use of my social insurance number for record keeping purposes.

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

Employer	Proof of age: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other (<i>specify</i>)
Group Insurance Benefits Plan participant <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed insurance application attached <input type="checkbox"/> Yes <input type="checkbox"/> No
We accept the responsibility as outlined in Canon VIII of the General Synod to remit the Employer and Employee contributions to the Pension Office.	Salary for pension purposes
Employer signature	Date (<i>dd-mmm-yyyy</i>)