

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN CHANGE OF INFORMATION

Please print firmly.

MEMBER INFORMATION Ordained Lay

Name (<i>first, initial, last</i>)	Diocese/Employer	Social Insurance Number
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CHANGE OF NAME

Previous name (<i>first, initial, last</i>)	New name (<i>first, initial, last</i>)
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CHANGE OF CONTACT INFORMATION

New Address / Phone / Email	Effective date (mmm-dd-yyyy)
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CHANGE OF SPOUSE/PARTNER

Spouse/Partner's name (<i>first, initial, last</i>)	Spouse/Partner's date of birth (mmm-dd-yyyy)
	Spouse/Partner's Social Insurance Number:
<input type="checkbox"/> Marriage <input type="checkbox"/> Co-habitation <input type="checkbox"/> Divorce <input type="checkbox"/> Separation	Date of Marriage/Co-habitation (mmm-dd-yyyy)
	Date of Divorce/Separation (mmm-dd-yyyy)

ADDITION OF DEPENDENT CHILD(REN)*

Child's name (<i>first, initial, last</i>)	D.O.B. (mmm-dd-yyyy)	Child's name (<i>first, initial, last</i>)	D.O.B. (mmm-dd-yyyy)
_____	_____	_____	_____
_____	_____	_____	_____

* Includes your natural or legal children under age 18, or under age 25 if attending an educational institution full-time, or if totally disabled as determined by the Board of Trustees.

DEATH OF SPOUSE/PARTNER OR CHILD

Name (<i>first, initial, last</i>)	
Relationship	Date of death (mmm-dd-yyyy)

SIGNATURE

Member's Signature	Date (mmm-dd-yyyy)
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FOR DIOCESE/EMPLOYER USE ONLY

Proof: <input type="checkbox"/> Certificate <input type="checkbox"/> Other	Diocese/Employer signature	Date (mmm-dd-yyyy)
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