

# THE ANGLICAN CHURCH OF CANADA

## Request for Exemption from General Synod Pension Plan & Long Term Disability Plan

Name ( <i>first, initial, last</i> )	Diocese/Employer
Date of Birth (mmm-dd-yyyy)	Marital Status
Reason for seeking an exemption	
Is your employment for a fixed period of time? → If yes, please indicate length of time	Yes      No _____
How many hours do you work each week?	_____
Are you a member of another pension plan? → If yes, will you continue to earn a pension during this period of employment? → If yes, please advise of expected pension amount at retirement	Yes      No Yes      No _____
Are you in receipt of a pension from another pension plan? → If yes, please indicate amount of monthly pension	Yes      No _____
Do you have Long Term Disability coverage? Does your employing Diocesan Bishop/Director concur with your decision to apply for exemption? → If yes, please attach letter from Bishop/Director	Yes      No Yes      No
<p>I understand that if I am granted exemption from the above-named pension plan I will not earn any pension in this plan during my employment with the above Diocese/Employer and I will not be entitled to coverage under the Long Term Disability Plan.</p> <p>I understand that if I am granted exemption that the decision is irrevocable.</p> <p>I understand that I have the opportunity to consult a financial advisor, and that there may be disadvantages to being granted an exemption.</p>	
_____ Signature of Employee	_____ Date (mmm-dd-yyyy)
_____ Signature of Witness	_____ Date (mmm-dd-yyyy)