

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN TERMINATION / TRANSFER / LEAVE OF ABSENCE

MEMBER INFORMATION

Ordained

Lay

Name (<i>first, initial, last</i>)		
New address (<i>if applicable</i>)		
Phone Number		Email
Diocese/Employer	Date of birth (<i>mmm-dd-yyyy</i>)	Social insurance number

TRANSFER/TERMINATION OF EMPLOYMENT

Transfer from diocese/employer		Transfer to diocese/employer	
Date of transfer (<i>mmm-dd-yyyy</i>)	Date of termination (<i>mmm-dd-yyyy</i>)	On severance Yes No	

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>mmm-dd-yyyy</i>)	Return date (<i>mmm-dd-yyyy</i>)		Leave approved by	

SIGNATURE

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

Total Employer and Employee pension contributions for the current year		
Benefits to be continued while on study, maternity or parental leave, or severance: Pension LTD Other group benefits		Extension until date (<i>mmm-dd-yyyy</i>)
Diocese/Employer signature		Date (<i>mmm-dd-yyyy</i>)