## THE ANGLICAN CHURCH OF CANADA

## THE GENERAL SYNOD PENSION PLAN

## **APPLICATION FOR RETIREMENT PENSION**

Please complete this form and return it to your diocese/employer at <u>least two months</u> before the date you intend to retire. As pensions are subject to income tax, federal and provincial TD1 forms must be submitted with this application.

MEMBER INFORMATION	l Ordained	Lay
Name (first, initial, last)		-
Date of Birth (mmm-dd-yyyy)		Attached Proof Birth Certificate OR Passport
Address		
Phone Number		Email
Diocese/Employer		Social Insurance Number
Spouse/partner's name (first, initial, last)		Date ( <i>mmm-dd-yyyy</i> ) of MarriageCohabitation
Spouse/partner's Date of Birth (mmm-dd-yyyy)		Attached Proof Birth Certificate OR Passport
Beneficiary*		
Beneficiary's address		Last working day (mmm-dd-yyyy)
* If you wish to name someone	other than your spouse	e/partner as your beneficiary, you both must sign a waiver.
RETIREMENT BENEFITS		
I wish to apply for:	Normal retireme	ent benefits
,	Early retirement	benefits (you must be at least age 55 with a minimum of two
		nip in the pension plan)
	Postponed retire	ment benents
HEALTH CARE BENEFIT	S	
I wish to apply for retiree health benefits (if available).		. Yes No
CHILD BENEFITS		
	18 and over must be in	ay be entitled to a small monthly pension benefit. Children under age 18 n full-time attendance at school or be considered totally disabled. Please
Child's name (first, middle, last)	D.O.B. (mmm-dd-yyyy)	Child's name (first, middle, last) D.O.B. (mmm-dd-yyyy)
Please attach a persona	lized, <u>VOID CHEC</u>	<u>QUE</u> .
SIGNATURE		
Member's signature		Date (mmm-dd-yyyy)
Data Calaminuilli asses (manage datas		ESE/EMPLOYER USE ONLY  Discool/Employer signature
Date Salary will cease (mmm-dd-yy	yy) I otal Pensio	on Contributions for current year Diocese/Employer signature

Note: Please ensure that the Continuing Education Plan Retirement/Termination form is included with this application if applicable.