

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 in blue ink. Your required contributions to the plans will be made by payroll deduction.

MEMBER INFORMATION

Ordained Lay

Name (<i>first, initial, last</i>)		Salutation (<i>Miss, Ms., Mrs., Mr., Mx.</i>)	Gender	Date of birth (Proof required) (mmm/dd/yyyy)	
Street Address			City	Prov	Postal code
Social insurance number	Phone		Email		
Date of ordination (mmm/dd/yyyy)			Date of employment (mmm/dd/yyyy)		
Spouse/Partner's name (<i>first, initial, last</i>)		Salutation (<i>Miss, Ms., Mrs., Mr., Mx.</i>)	Gender	Spouse/Partner's social insurance number	
Spouse/Partner's date of birth (mmm/dd/yyyy)			Date (mmm-dd-yyyy) of Marriage _____ Cohabitation _____		
Child's name (<i>first, middle, last</i>)	D.O.B. (mmm/dd/yyyy)	Child's name (<i>first, middle, last</i>)	D.O.B. (mmm/dd/yyyy)		

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

<p>I understand that under the terms of the General Synod Pension Plan contributions will be deducted from my salary.</p> <p>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.</p>	
Member's signature	Date (mmm-dd-yyyy)

FOR DIOCESE/EMPLOYER USE ONLY

Diocese/Employer Name	Proof of age: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other (<i>specify</i>)
Group Insurance Benefits Plan Participant Yes No	Completed insurance application attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>We accept the responsibility as outlined in Canon VIII of the General Synod to remit the Employer and Employee contributions to the Pension Office as follows:</p> <p>Employee Pension Contribution _____% Employer Pension Contribution _____%</p> <p>Employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract</p> <p>Diocese/Employer signature _____</p>	
Salary for pension purposes	
Date (mmm-dd-yyyy)	

BENEFICIARY INFORMATION

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.

If beneficiary is under the age of 18, a trustee must be appointed

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary below:

PRIMARY BENEFICIARY(IES)

ESTATE	
OR	
Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly
Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly

If there are more than two beneficiaries, please attach list or additional copies of this form available at the link <https://www.anglicanpension.ca/forms/>

TRUSTEE FOR UNDERAGE BENEFICIARIES - only if naming a beneficiary under the age of 18

Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	

BACK-UP BENEFICIARY(IES) - if no beneficiary named above is alive to receive death benefits

Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	

If there are more than one back-up beneficiaries, please attach list or additional copies of this form available at the link <https://www.anglicanpension.ca/forms/>

Member's Signature	Witness' Signature	Date (mmm-dd-yyyy)
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