

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN

APPLICATION FOR SURVIVOR'S BENEFIT

Please Print clearly.

I wish to apply for a survivor's benefit.

As pension payments are subject to income tax, federal and provincial **TD1 forms must** be submitted with this application.

DECEASED MEMBER INFORMATION

Name (first, initial, last)	Social insurance number
Diocese/Employer	Date of birth (day, month, year)

SURVIVOR INFORMATION

Name (first, initial, last)	Social insurance number	Date of Birth (day, month, year)
Address		Date of marriage/cohabitation (d,m,y).
Email Address		Phone Number

DIRECT DEPOSIT INFORMATION

Pension payments will be deposited directly to your account through the electronic banking system on the 26th of each month, however, should the 26th fall on a Saturday or Sunday, payment will be deposited on the following Monday.

Please attach a personalized void cheque.

SIGNATURE

Signature of Applicant	Signature of Witness (must be clergy, lawyer, doctor, bank manager)
Date (day, month, year)	Occupation of witness