

THE ANGLICAN CHURCH OF CANADA

THE LAY RETIREMENT PLAN AND LONG-TERM DISABILITY PLAN TERMINATION/TRANSFER/LEAVE OF ABSENCE

MEMBER INFORMATION Lay

Name (first, initial, last)		
New address (if applicable)		
Diocese/employer	Date of birth (dd-mmm-yyyy)	Social insurance number

TRANSFER/TERMINATION OF EMPLOYMENT

Transfer from diocese/employer	Transfer to diocese/employer	
Date of transfer (dd-mmm-yyyy)	Date of termination (dd-mmm-yyyy)	On severance <input type="checkbox"/> Yes <input type="checkbox"/> No

LEAVE OF ABSENCE

<input type="checkbox"/> Study <input type="checkbox"/> Pregnancy <input type="checkbox"/> Parental <input type="checkbox"/> Family Medical <input type="checkbox"/> 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 (dd-mmm-yyyy)	Return date (dd-mmm-yyyy)	Leave approved by

SIGNATURE

Member's signature	Date (dd-mmm-yyyy)
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FOR 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: <input type="checkbox"/> Pension and LTD <input type="checkbox"/> Other group benefits	Extension until date (dd-mmm-yyyy)
Diocesan/employer signature	Date (dd-mmm-yyyy)