## THE ANGLICAN CHURCH OF CANADA

## THE GENERAL SYNOD PENSION PLAN

## TERMINATION/TRANSFER/LEAVE OF ABSENSE

MEMBER INFORMATION	□ ORDAINED	□ LAY		
Name (first, initial, last)				
New Address (if applicable)			-	
Diocese/Employer	Date of Birth (day, me	onth, year)	Social Insurance Number	
TRANSFER/TERMINATION OF EMPLOYMENT				
Transfer from diocese	Transfer to diocese	Transfer to diocese		
Date of transfer (day, month, year)	Date of termination (day, month, year)			
LEAVE OF ABSENCE				
□ Study □ Maternity □ Parental □ Other * (please specify)				
If you are nto taking study, maternity or parental leave, your pension account will be "frozen" and yoru contributions will stop from the date your leave begins.				
I wish my benefits to continue while I ar	m on leave	Yes □ No		
Date leave begins (day, month, year)	Return date (day, mo	Return date (day, month, year)		
SIGNATURE				
Member's Signature	Leave approved by		Date (day, month year)	
FOR DIOCESAN /EMPLOYER USE ONLY				
Diocesan/Employer signature	Total pension assess	sments for current year	Date (day,month, year)	