

THE ANGLICAN CHURCH OF CANADA

THE CONTINUING EDUCATION PLAN RETIREMENT/TERMINATION FORM

Please complete this form and return it to your diocese/employer before the date of retirement/termination of employment. If you have any questions, please feel free to contact the Pension Office.

Canada Revenue Agency (CRA) requires that all funds used in the Continuing Education Plan by the account holders must be for the benefit of the employers. Our administrative policy is that account holders are not permitted to use the funds in their account within three months of the date of their retirement or termination, in order to satisfy CRA's requirement.

Employee Name: _____ Telephone: _____

Address: _____

Social insurance number: _____ Diocese/Employer: _____

RETIREMENT/TERMINATION OF EMPLOYMENT (please indicate which one)

Date of Retirement (dd-mmm-yyyy): _____

YES/NO, I will/will not continue to offer my services to the Church.

IF YES, PLEASE COMPLETE THE ATTACHED DIOCESE/EMPLOYER APPROVAL FORM.

When an employee retires, he/she is no longer eligible to make claims under the Plan, unless continuing to work in some capacity for a participating diocese/employer. The work must commence within three months of retirement.

Date of Termination (dd-mmm-yyyy): _____

When an employee ceases employment with a participating diocese/employer, the account will be frozen for a period of six months. In the event of return to work for a participating diocese/employer within six months of ceasing participation, the account will be reactivated at the level it was upon leaving. After six months, a return to work will result in a new account being established, with zero starting balance.

A claim is eligible under the Plan, only if an employee is continuing to work in some capacity for a participating diocese/employer. If that is the case, PLEASE COMPLETE THE ATTACHED DIOCESE/EMPLOYER APPROVAL FORM.

Employee's signature: _____ Date: _____
(dd-mmm-yyyy)

TO THE PENSION OFFICE

Total CEP contributions for current year \$ _____ to cover the period _____

Diocesan/employer signature: _____ Date: _____
(dd-mmm-yyyy)

FOR PENSION OFFICE USE ONLY

Date received: _____ Date processed: _____

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THE CONTINUING EDUCATION PLAN DIOCESE/EMPLOYER APPROVAL FORM

Under the terms of the Continuing Education Plan, when an employee ceases employment, he/she is no longer eligible to make claims under the Plan, unless continuing to work in some capacity for a participating diocese/employer.

Please complete this form. If you have any questions, please contact the Pension Office.

Account holder information:

Name: _____ Date of Retirement/
Termination (dd-mmm-yyyy): _____

Address: _____

_____ Tel: _____

This is to confirm that the above-named continues to perform work for:

Diocese/Employer: _____

Address: _____

Position: _____

(The position must be of a duration no less than 3 months and a minimum of 20 hours/week.)

Number of hours worked each week: _____

Commencing _____ and ending _____

(The work must commence within 3 months of retirement for retired account holders.)

Bishop/Director signature

Date (dd-mmm-yyyy)

Upon completion, please return to:

The Administrator
The Continuing Education Plan
The Pension Office Corporation
625 Church Street, Suite 401
Toronto, ON M4Y 2G1

Tel: (416)960-2484

Toll free: 1-800-265-1070

Fax: (416)968-7689

Email: con-ed@national.anglican.ca