Retirement Benefits Application

Member Information Section

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Seventh-day Adventist Church
Église Adventiste du Septième Jour

Retirement Plan for Canadian Employees
Plan de retraite pour les employés canadiens

The Retirement Benefits Application is comprised of the following three forms:

1. Member Information Section.
2. Spousal Information Section – must be completed by **ALL** applicants regardless of current marital status.
3. 20 Years of Service Credit Section (if applicable – refer to eligibility requirements on page 2 of this form).

These forms are also available in fillable PDF format on our website at www.adventist.ca/retirement. To view correctly, open in Acrobat Reader or Foxit Phantom. Opening forms in a web browser may cause fields to function incorrectly.

Current Canadian Church Employee: Complete and mail all documents to your employer **FIVE** months before your requested retirement date.

Not currently employed by the Church or employed by the Church in the USA: Complete and mail all documents to the Retirement Office at the address above **FOUR** months before your requested retirement date.

Member Information

Last Name: _____ Previous/Maiden Names: _____

First Name: _____ Middle Names: _____

Preferred First Name: _____ Social Insurance Number: _____ (Canadian)

Birth Date: _____ (mmmm dd, yyyy – write out the month) Social Security Number: _____ (American – Provide photocopy of card)

Address: _____

_____

City: _____ Province: _____

Postal Code: _____ Country: _____

Land Line: _____ Mobile Number: _____

Personal Email (not work email): _____

Retirement Benefits

Requested Retirement Date: _____ (must be the first day of the desired month)
(mmmm dd, yyyy – write out the month)

Please check **ONE**:

☐ **Early Reduced** (Minimum 55 years of age. 0.5% per month/6% per year deducted from normal benefits for age under 65 years.)

☐ **Early Unreduced** (Minimum 60 years of age AND at least 95 points – age plus service credit. Must also be actively accruing service credit.)

☐ **Normal** (Minimum first of the month the member turns 65 years of age.)

☐ **Age 71 – Not Working** (Employee is stopping employment and employee benefits. Must begin pension payments December 1 as per CRA rules.)

☐ **Age 71 – Working** (Employee is continuing employment and employee benefits but must begin pension payments December 1 as per CRA rules.)

Dependent Children – unmarried dependent children younger than age 24

Name of Dependent	Birth Date	Age

Spousal Information

☐ Retirement Benefits Application – Spousal Information Section (must be completed by **ALL** applicants)

Please complete the Retirement Benefits Application – Spousal Information Section form (not the Spousal Declaration and Beneficiary Designation form), regardless of your current marital status, and return it with your Retirement Benefits Application – Member Information Section. If you do not have a spouse according to the applicable pension legislation as per the definitions on the back of the form for your province of employment, you must declare so on this form.

20 Years of Service Credit

☐ 20 Years of Service Credit Form

If ALL three of the following apply to you, please complete the 20 Years of Service Credit Section of the Retirement Benefits Application and return it with your Retirement Benefits Application – Member & Spousal Information Sections.

1. You have been married at least one year before your retirement date.
2. You were employed by the Church before January 1, 2006.
3. Your age plus service credit (all Church service) equaled 70 or you had 20 years of service credit on January 1, 2006. If you think this applies to you, contact the Retirement Office to verify.

Proof of Age

Please provide a photocopy (clearly showing the name and date of birth) of **ONE** of the following documents: Birth Certificate, Passport or Driver's Licence.

☐ Member ☐ Member's Spouse (must provide if declaring a Spouse on the Spousal Information Section form)

USA Church Service

Please provide the following information and document copies if you have USA Church service.

Copy of Social Security Card (SSN): ☐ Member ☐ Member's Spouse (must provide if declaring a Spouse)

Copy of Medicare Card ☐ Member ☐ Member's Spouse (must provide if declaring a Spouse)

Member Certification

I certify that the information provided by me on this form is true and accurate. I understand that the information on the Retirement Benefits Application – Member Information Section and Spousal Information Section forms is being collected for the purposes of pension benefit management and administration. From time to time, the Seventh-day Adventist Church will confidentially share information with other service providers, as is necessary, for the management and administration of the pension benefits under the Plan or any successor plan. I authorize the collection, use and disclosure of such personal information for the purpose of pension benefit management and administration.

Member's Signature: _____ Date: _____