



**LUTHERAN CHURCH-CANADA
WORKER BENEFIT PLANS**

APPLICATION FOR RETIREMENT BENEFITS

THIS SECTION TO BE COMPLETED BY MEMBER

Member's Name: _____ Social Insurance No. _____

Spouse's Name: _____ Social Insurance No. _____

Member's Date of Birth: _____ Spouse's Date of Birth: _____

Member's Current Address: _____
(Street or P.O.Box)

(City) (Province) (Postal Code)

Address After Retirement: _____
(Street or P.O.Box)

(City) (Province) (Postal Code)

Email: _____

Effective Date of New Address: _____

Date of Retirement: _____

I want my benefit to begin: _____
(Month) (Year)

Emergency Contact (not spouse) _____
(Name)

Emergency Contact Address _____
(Street or P.O. Box)

(City) (Province) (Postal Code)

Signature of Member

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

I hereby verify the above-named worker is retiring on the date indicated above, and we will no longer employ him/her beyond the date indicated as the "Date of Retirement".

Employer's Name: _____

Address: _____
(Street or P.O.Box)

(City) (Province) (Postal Code)

Signature

Title

Date

**RETURN COMPLETED FORM TO WORKER BENEFIT PLANS
c/o Ellement, 503 - 1780 Wellington Avenue, Winnipeg, MB, R3H 1B3**