

**WORKER BENEFIT PLANS
LUTHERAN CHURCH-CANADA**



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)

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 _____

Signature

Title

Date

**RETURN COMPLETED FORM TO WORKER BENEFIT PLANS
3074 Portage Avenue, Winnipeg, MB R3K 0Y2**