



The United Church of Canada  
L'Église Unie du Canada  
Ministry and Employment Unit

## Application to Receive Pension Benefit Payments (PR 443)

Please print clearly.

### Part A: Identification of applicant

Name: \_\_\_\_\_ Pension number: \_\_\_\_\_

Home address: \_\_\_\_\_  
Post office box/street address City Province Postal code

Telephone: \_\_\_\_\_  
Home Cell

E-mail: \_\_\_\_\_

Status:  Ordained  Diaconal  Designated Lay Minister Presbytery: \_\_\_\_\_

### Part B: Details of application

Last date of work (including paid vacation): \_\_\_\_\_  
Year Month Day

Date pension benefit payments to begin: \_\_\_\_\_  
Year Month Day

*Note:* Applicants are also required to contact the Benefits Centre at 1-855-647-8222 three months before the above date in order to begin to receive pension benefit payments.

### Part C: Certification

I certify that (check one):

- I will cease to be employed as of the date I have requested my pension benefits begin.
- I am continuing in employment but with a genuine change in status and function as of the date I have requested my pension benefits begin (attach a written statement describing the status and function of the continuing employment). *Note:* "The Text of the Pension Plan of the United Church of Canada" stipulates that pension benefit payments shall not commence in situations of continuing employment unless there is a genuine change in status and function (section 9.01).

\_\_\_\_\_  
Signature of Applicant Year Month Day

### Distribution

- Complete the form and, at least three months prior to the date pension benefit payments are to begin, forward it to:  
(by mail) Benefits Administration Supervisor (by e-mail) [ministryandemployment@united-church.ca](mailto:ministryandemployment@united-church.ca)  
Ministry and Employment Unit  
The United Church of Canada (by fax) 416-232-6072  
3250 Bloor St. West, Suite 200  
Toronto, ON M8X 2Y4
- Send a copy of the completed form to the secretary of the presbytery/district in which you currently serve.
- **Every person who signs this form must keep a copy for their own records.**

Received in the Ministry and Employment Unit on: \_\_\_\_\_  
Year Month Day