

Career Summary for Retirement Benefits

Please complete this form in order to verify that you have met the qualification criteria for Post-Retirement Benefits and the Diocesan Retirement Allowance.

1. Full Name: _____

	Date	Diocese
Date of Birth		
Ordination: Deacon		
Ordination: Priest		
Transfer to the Diocese of Toronto		
Date of Retirement		

2. I have spent _____ years in full-time ministry in the Anglican Diocese of Toronto.
(Please specify your appointment history on the back of this page.)

3. I am retiring from the position of _____ at
the Parish of _____.

4. I am under the jurisdiction of the Bishop of Toronto.

I hereby declare that all information is accurate and complete and that:

Date	Cleric's Signature
Date	Diocesan Bishop / Suffragan Bishop Signature

Comments: _____

For Diocesan Office only

Qualifying Time: _____ / _____
Allowance Benefits

Qualify for Post-Retirement Benefits: Full Half None

Retirement Allowance: \$ _____

York Rector: Yes No

Approved: _____
Date Print Name Signature

