

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

1. Member details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Do you hold a current Bishop's Licence?	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address	Daytime / mobile phone	
<input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	
Postal address	Number / Street / PO Box	
<input type="text"/>	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>

2. Spouse details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Date of marriage	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

3. Dependant children UNDER 18 details

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

4. Dependant children OVER 18 details

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	Occupation <small>*If dependant is a student please indicate year of study</small>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	Occupation <small>*If dependant is a student please indicate year of study</small>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

5. Benefit election

I elect the following option [please select one option]:

Option 1

A lump sum of: \$ and an annual pension of: \$

commencing:

Option 2

An annual pension of: \$ commencing:

Option 3 - Commutation

I wish to apply to have part of my pension paid as an additional lump sum by way of commutation (separate form to be completed).

I am aware of the supporting evidence I am required to supply to allow my application to be considered.

6. Payment details

Name of account

Account details

Bank

Branch

Account

Suffix

7. Notification

Some of the information contained in this form may be supplied to your local Diocese / Hui Amorangi.

I consent to the supplied information being shared with my local Diocese / Hui Amorangi.

Please do not share any information supplied on this form with my local Diocese / Hui Amorangi.

8. Member signature

Signature

Date