

APPLICATION FOR PARTICIPATION IN THE
CHRISTIAN METHODIST EPISCOPAL CHURCH RETIREMENT PLAN

(Please print or type all answers)

EMPLOYEES NAME

 LAST FIRST MIDDLE

HOME ADDRESS

 ADDRESS APT # CITY STATE ZIPCODE

TELEPHONE

() () ()

 WORK HOME CELL

CHURCH NAME OR OFFICE _____ EPISCOPAL DISTRICT _____
 REGION _____

MAILING ADDRESS OF CHURCH

 ADDRESS CITY STATE ZIPCODE

MARITAL STATUS (PLEASE CHECK APPLICABLE BOX) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		SOCIAL SECURITY NUMBER _____	
DATE OF BIRTH (MM/DD/YYYY) ____/____/____	AGE _____	PLACE OF BIRTH (COUNTY, STATE) _____	
EMPLOYEE CLASSIFICATION (PASTOR, MINISTER, LAY)		DATE OF EMPLOYMENT (MM/DD/YYYY) ____/____/____	

PRESENT SALARY

\$ _____ PER YEAR \$ _____ PER MONTH \$ _____ PER WEEK

BENEFICIARY FOR RETIREMENT (BY LAW, MUST BE SPOUSE IF MARRIED)

 LAST FIRST MIDDLE

RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____

BENEFICIARY FOR INSURANCE

 LAST FIRST MIDDLE

RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____

I hereby apply to the GENERAL BOARD OF PERSONNEL SERVICES for participation in the Christian Methodist Episcopal Church Retirement Plan, as passed by the th Session of the General Conference and the 19 Session of the General Connectional Board under the authority granted by the 19 General Conference.

 SIGNATURE OF EMPLOYEE DATE

 APPROVED FOR TRUSTEES (Gen. Bd. Personnel Serv.) DATE