



Conference _____

Date _____

**THE FREE METHODIST CHURCH OF NORTH AMERICA
RETIRAL ASSISTANCE**

For retired ministers, spouses, widows, or widowers who have served more than 10 years of full time appointed ministry in the Free Methodist Church.

Name of retired minister: _____

Date of Birth _____ **Is minister living?** _____ **Is spouse living?** _____

Name of spouse of retired minister (if living):

_____	_____	_____
Name	Date of birth	Date of marriage

Name of widow/widower of a retired minister:

_____	_____
Name	Date of marriage

Address for checks to be sent:

Amount of Income:

Social Security per year (less Medicare): \$ _____

Spouse's Social Security per year (less Medicare): \$ _____

Other retirement assistance per year (Conference Plans, pensions, etc): \$ _____

Other (rents, interest from investments, annuity interest, etc. not gifts): \$ _____

Total income per year: \$ _____

If a retired minister, how many years were you in full-time ministry with the Free Methodist Church of North America? _____

If a widow/widower, how many years was your spouse in full time ministry with the Free Methodist Church of North America? _____

I hereby certify that the information listed above is correct to the best of my knowledge.

Signed: _____ Retrial Assistance/Retiral Assistance form