THE FREE METHODIST CHURCH – USA
PENSION PLAN FOR ANNUAL CONFERENCES AND
WORLD MINISTRIES CENTER EMPLOYEES

RETIREMENT APPLICATION FOR PENSION BENEFITS

Name of Participant:_____

Current Address: _____

_____

Retirement Address:_____
(if different)

_____

Conference Name:_____Date of Termination:_____

Telephone Number:(____)_____Email Address:_____

Check Appropriate Box(es): ( ) Defined Benefit Plan ( ) Defined Contribution Plan

Type of Benefit: ( ) Retirement ( ) Death ( ) Disability ( ) Other Termination
( ) Lump Sum Direct payment ( ) Rollover

By signing this form, I am applying to receive a benefit as stated under the provisions of the Free Methodist Church – USA Pension Plan for Annual Conferences and World Ministries Center employees. I would like my benefits to begin_____.

My salary for the current year is _____.

Please attach a copy of your ID (birth certificate/driver's license/passport), as well as the same for your joint annuitant, if that option is desired.

_____	_____
Participant's Name	Joint Annuitant/Beneficiary's Name
_____	_____
Participant's Birth Date	Joint Annuitant/Beneficiary's Birth Date
_____	_____
Participant's Social Security Number	Joint Annuitant/Beneficiary's Social Security #
_____	_____
Signature of Participant	Relationship to Participant
_____	
Date	

You may complete application on our website at: fmcusa.org/hr/retirement-application. Or submit this form electronically to hrdept@fmcusa.org, via secure file transfer site WeTransfer, at: fmcusa.wetransfer.com.

_____Rec'd _____Est. calc _____ Rev. calc _____H/H _____Final calc _____Approved