



Change of Status and/or Compensation

This form must be completed for the Free Methodist Church - USA Pension Plan.

1. Name _____ Phone _____
Social Security # _____ Birth Date _____
Spouse Name _____ Birth Date _____

2. Current Conference Name _____ Conference # _____
Current Church _____ Church # _____

3. **Change Effective Date** _____ ***(This is very important!)***

4. New Conference Name _____ Conference # _____
New Church _____ Church # _____
Street _____ City _____ State _____ Zip _____

(Please list your personal address if not appointed to a church or if there has been a change.)

Street _____ City _____ State _____ Zip _____

- 5. First-time pastoral appointment Discontinued from pastoral appointment
- Local church employee Leave of absence
- Change in compensation *(salary and/or housing)* Termination
- Transfer to another conference Retirement
- Transfer to a new church Change of Mailing Address

Salary \$ _____ per _____ *(cash salary, Soc Sec reimb, 403(b), section 125 medical)*
Housing \$ _____ per _____ *(housing allowance -or- fair rental value + utilities)*
(Even if one or both of the above has not changed, please list for confirmation purposes.)
(Salary and Housing will be added together to determine total compensation for pension purposes.)

6. Other information that would help us better understand your situation:

7. Signatures Pastor _____ (date) _____
Conference/Treasurer Official _____ (date) _____

8. Please complete form on our website at: <https://hr.fmcusa.org/forms/>
Submit electronically to pension@fmcusa.org via secure file transfer WeTransfer: <https://fmcusa.wetransfer.com/>

Mail to: FMC-USA, ATTN: Human Resources
770 N. High School Rd., Indianapolis, IN 46214
or Fax to: 317-244-1503

If form is mailed, please send a copy to your Conference Office.