

# FREE METHODIST CHURCH OF NORTH AMERICA PENSION ENROLLMENT FORM

## EMPLOYEE INFORMATION

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle Initial)

Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Employment Date \_\_\_\_\_

Position/Church Name \_\_\_\_\_ Appointment Date \_\_\_\_\_

Conference Name \_\_\_\_\_ Current Salary + Housing\* \$ \_\_\_\_\_ please circle one:  
(monthly or yearly)

*\*Please see the "Pastor's Compensation Calculator" for instructions in recording compensation information correctly.*

**Complete the following question only if it applies to you** (It may establish additional benefits for you). Prior to the effective date of this enrollment, I was a full-time employee of the Free Methodist Church of North America from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_.

## BENEFICIARY DESIGNATION *(It is important that you provide complete names and other information as requested.)*

### Primary Beneficiary's Information *(if more than one, please submit this information on a separate sheet)*

Name	Date of Birth	Soc. Sec. #	Relationship
_____	_____	_____	_____
Street Address	City	State	Zip

### Contingent Beneficiary's Information *(if more than one, please submit this information on a separate sheet)*

Name	Date of Birth	Soc. Sec. #	Relationship
_____	_____	_____	_____
Street Address	City	State	Zip

In the event the participant is deceased prior to retirement, death benefit proceeds shall be paid in equal shares to any primary beneficiaries who survive the participant, but if none survive, proceeds shall be paid in equal shares to any contingent beneficiaries who survive the participant or, if none survive, to the estate of the participant.

My signature on this card evidences my knowledge of participation in the Pension Plan and verifies the correctness of the information set forth above. I understand that it is my responsibility to notify the Pension Administrator if I should choose to name another beneficiary to this plan.

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

***If a plan participant is divorced after submitting this information, all previous beneficiary designations by the participant in favor of the divorced spouse are automatically nullified.***

## INSTRUCTIONS FOR MARRIED PERSONS

If the Primary Beneficiary named above is not your current spouse, and you wish to provide the Primary Beneficiary with the greatest benefits possible at your death, you must have your current spouse complete the following. If this is not done, your Primary Beneficiary may not receive all of your benefits.

### SPOUSAL CONSENT TO WAIVER OF SURVIVOR ANNUITY *(Fill out only if you are not naming your spouse as your primary beneficiary.)*

I, (print spouse's name) \_\_\_\_\_, am the spouse of the applicant. I understand that the applicant has elected to waive her/his right to a qualified pre-retirement survivor annuity which may provide me with a survivor annuity at her/his death. I consent to such waiver. I acknowledge that should the participant predecease me, there will be no benefits payable to me.

Print Spouse's Name \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

***Please complete other side***

## Pastoral Biographical Information

Credentials Received Date	Colleges/Seminaries Attended	From	To
Conf. Ministerial Candidate			
Ordained Deacon			
Ordained Elder			

### Pastoral Service Record

*(Please use the abbreviation "FMC" for Free Methodist Church.)*

Denomination and Conference	Church Name	From	To

### Other Ministries

Explanation of Service/Type of Ministry	Organization	From	To

Do you pay into Social Security? \_\_\_\_\_ Have you opted out of Social Security? \_\_\_\_\_

### ❖ FOR HUMAN RESOURCES OFFICE USE ONLY ❖

SERVICE INFORMATION

Plan Participation Date \_\_\_\_\_

School	Years Attended
Total Years in School	

	Date	Date	Date	Date	Date
Leave of Absence					
Termination					
Reinstatement					
Retirement					

Number of years not receiving a contribution \_\_\_\_\_ Explanation: \_\_\_\_\_

Credited Service Years \_\_\_\_\_ Total Vesting Years \_\_\_\_\_ Deferred Vested Date \_\_\_\_\_ Deferred Vested Amount \_\_\_\_\_