



THE FREE METHODIST CHURCH – USA  
 DEFINED BENEFIT 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 (if still Active): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 Defined Benefit Pension Plan for Annual Conferences and World Ministries Center employees. I would like my benefits to begin *effective* \_\_\_\_\_.

My pension eligible salary + housing for the current year is (if still employed by FMC-USA): \_\_\_\_\_

**Please attach a copy of your ID (birth certificate/driver's license/passport), as well as one 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 Number

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Relationship to Participant

\_\_\_\_\_  
 Date

Complete application online at [fmcusa.org/hr/forms](http://fmcusa.org/hr/forms). Or submit this form electronically to [hrdept@fmcusa.org](mailto:hrdept@fmcusa.org), via secure file transfer site WeTransfer at [fmcusa.wetransfer.com](http://fmcusa.wetransfer.com). Fax to 317.244.1503; or mail to FMC-USA Human Resources, 770 N. High School Rd., Indianapolis, IN 46214.

\_\_\_\_\_ Rec'd    \_\_\_\_\_ Est. calc    \_\_\_\_\_ Rev. calc    \_\_\_\_\_ H/H    \_\_\_\_\_ Final calc    \_\_\_\_\_ Approved