

## APPLICATION FOR PARTICIPATION IN THE CHRISTIAN METHODIST EPISCOPAL CHURCH RETIREMENT PLAN

(Please print or type all answers)

EMPLOYEE NAME ( ) MR. ( ) MS.				
() REV. () MRS. Last		First	Middle	
HOME ADDRESS				
Street		City	State	Zip
TELEPHONE				
(Work) (	(Home) (	)	(Cell) ( )	
EPISCOPAL DISTRICT		REGION		
-		1		
MARITAL STATUS (PLEASE CHECK ON	•	SEX		
	DIVORCED	( ) MALE	SOCIAL SECURITY NO.	
( ) MARRIED ( ) DATE OF BIRTH (MM/DD/YY)	WIDOWED	( ) FEMALE	DI ACE OF DIDTH	
DATE OF BIRTH (IMINI/DU/TT)		AGE	PLACE OF BIRTH (COUNTY	, STATE)
EMPLOYEE CLASSIFICATION (	Pastor Minister Lay etc	1	DATE OF FRADI OVRAFRIT	teese (pp hot)
EMPLOYEE CLASSIFICATION (Pastor, Minister, Lay, etc.)			DATE OF EMPLOYMENT (MM/DD/YY)	
PRIMARY BENEFICIARY FOR R	ETIREMENT PLAN			
LAST NAME	FIRST	IV.	#22 I	
RELATIONSHIP				
	(nusu	una, wije, son, aaugnter,	jumer, momer, etc.)	
CONTINGENT BENEFICIARY FO	R RETIREMENT PLA	N		
LAST NAME	FIRST	M	I SS#	
RELATIONSHIP				
PRIMARY BENEFICIARY FOR IN				
LAST NAME				
RELATIONSHIP	(husba	ınd, wife, son, daughter,	father, mother, etc.)	
CONTINGENT BENEFICIARY FO	R INSURANCE			
LAST NAME	FIRST	M	CC#	
RELATIONSHIP				
TECHTORISTIF	(nuspa	na, wije, son, aaugnter,	ratner, mother, etc.)	
hereby apply to the GENERA				
Church Retirement Plan, as pa				69 Session of the Genera
Connectional Board under the	authority granted by	y the 1966 Genera	al Conference.	a .
SIGNATURE OF EMPLOYEE (Do I	Not Print)	unitarity representation	**************************************	DATE
•	•			20.7
ADDOVED FOR TRUCTERS				0.177
APPROVED FOR TRUSTEES (GEN	EKAL BD OF PERSONNEL	SERVICES)		DATE
				(09/08)