



**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**

**MARITAL STATUS (PLEASE CHECK ONE)**

SINGLE  DIVORCED  
 MARRIED  WIDOWED

**SEX**

MALE  
 FEMALE

**SOCIAL SECURITY NO.** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YY)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**AGE**

**PLACE OF BIRTH (COUNTY, STATE)**

**EMPLOYEE CLASSIFICATION (Pastor, Minister, Lay, etc.)**

**DATE OF EMPLOYMENT (MM/DD/YY)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PRIMARY BENEFICIARY FOR RETIREMENT PLAN**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ (husband, wife, son, daughter, father, mother, etc.)

**CONTINGENT BENEFICIARY FOR RETIREMENT PLAN**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ (husband, wife, son, daughter, father, mother, etc.)

**PRIMARY BENEFICIARY FOR INSURANCE**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ (husband, wife, son, daughter, father, mother, etc.)

**CONTINGENT BENEFICIARY FOR INSURANCE**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ (husband, wife, son, daughter, father, mother, etc.)

I hereby apply to the GENERAL BOARD OF PERSONNEL SERVICES for participation in the Christian Methodist Episcopal Church Retirement Plan, as passed by the 26<sup>th</sup> Session of the General Conference and the 1969 Session of the General Connectional Board under the authority granted by the 1966 General Conference.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE (Do Not Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED FOR TRUSTEES (GENERAL BD OF PERSONNEL SERVICES)

\_\_\_\_\_  
DATE