COVENANT PENSION PLAN

APPLICATION TO BEGIN PENSION BENEFITS

Name _____ _____ _____
last first middle

Address _____ _____ _____ _____
street city state zip

Telephone _____ Date of Birth _____ Social Security # _____

SPOUSE INFORMATION

Spouse's Full Name _____ Date of Birth _____
First Middle Last

Social Security# _____

Service Record form completed? No ❑ Yes ❑
(Service Record must be approved by Board of Pensions and Benefits.)

Please begin my pension benefits on: _____
date

I acknowledge also that if I continue to work for a Covenant Church after my pension start date as noted above, any pension payment received from this pension will be subject to self employment taxes as per IRS Revenue Ruling 75-22.

Date: _____ Signature of Applicant: _____

CERTIFICATION OF CHURCH OFFICER

This certification is to be completed by a lay officer of the congregation who serves on the governing board or council of the congregation, or if not a congregation, by the minister's supervisor or a board official.

I certify that this minister, employed by us, has indicated his/her intent to retire on _____
date/year

OR
This minister, employed by us, will be collecting pension benefits. He/She will continue to work at this church and we understand that we are to continue making pension payments on their behalf. (check box if applicable) ❑

Date: _____ Signature: _____

Title: _____

Employer (church): _____

Comments: _____

_____

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