

## Instructions

This is your application to receive retirement benefits under the Church Pension Fund Clergy Pension Plan. Please complete and sign this document, and have your bishop (or if you are a bishop, the Presiding Bishop) sign it as well. **If you are canonically resident in one diocese but working in another, your canonical bishop must sign this document.** Please make sure you check the information provided on the enclosed *Current Estimate of Your Retirement Benefits*. The calculation of your pension is based on this information, and you must notify us of any changes or corrections.

## To Be Completed by Cleric Applying for Retirement

I, The (Reverend/Right Reverend) \_\_\_\_\_, from the Diocese of \_\_\_\_\_, wish to retire on \_\_\_/\_\_\_/\_\_\_ and I am applying for the retirement benefits to which I am entitled under The Church Pension Fund Clergy Pension Plan. I confirm that my date of birth is \_\_\_/\_\_\_/\_\_\_.

## Your Signature

I have read and understand the explanation on the back of this form about the effect of returning to active, compensated ministry. I agree that if I plan to return to such ministry, I will notify The Church Pension Fund and file a Work After Retirement Application with the Fund in advance. I further understand that if I perform work that constitutes a return to active, compensated ministry while receiving a pension without first notifying the Fund and having my application approved, the Fund may deduct from my future pension payments all benefits determined to have been paid after I returned to active, compensated ministry.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## To Be Completed by Bishop (or Presiding Bishop)\*

It is my understanding that this applicant will not be in active compensated ministry after the effective retirement date or if such applicant will continue in active compensated ministry after the effective retirement date, the applicant will comply with the Work After Retirement rules under the Clergy Pension Plan, which are summarized on the back of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Pension Payment Method

Please send my pension payments as follows (**check one**):

- By electronic funds transfer to my bank (we strongly recommend this option). The enclosed Direct Deposit form enables you to have your pension deposited directly into your bank account each month.
- By mail to my home address as stated on the Information Sheet.

**Resettlement Benefit** - Please **check one** if applicable:

- Please include my Resettlement Benefit (if applicable) with my first pension payment.
- Please send \$ \_\_\_\_\_ of my Resettlement Benefit to my RSVP account and the balance with my first payment.
- Please send \$ \_\_\_\_\_ of my Resettlement Benefit to an established "Direct Rollover" account and the balance with my first payment. See enclosed Special Tax Notice Regarding Plan



## Rules Governing Retirement

| Payments for more information. **Complete and return the enclosed Direct Deposit form.**

### Work After Retirement Rules

Retired clergy may receive compensation of up to 50% of the U.S. Median Compensation as reported by The Church Pension Fund each year without affecting receipt of their retirement benefits. (Compensation for this purpose includes all cash payments, either received or deferred, including any cash payments for housing and utilities. For work after retirement only, the value of church-owned or rented housing is not included.) If a cleric's compensation exceeds this limit, the cleric must submit an application and be granted permission by the Committee on Ecclesiastical Offices Held By Beneficiaries. Otherwise, the cleric will be deemed to have returned to active, compensated ministry and his or her pension payments will be suspended. Additionally, a cleric must submit an application and be granted permission by the Committee on Ecclesiastical Offices Held By Beneficiaries if he or she desires to return to work with the same unit of the Church from which he or she had last received credited service.

**If an ordained person receiving a benefit from The Church Pension Fund returns to active, compensated ministry, as defined by the Rules of The Church Pension Fund, without filing a Work After Retirement Application, the pension is subject to suspension and future payments are subject to reduction.**

A retired cleric may work for an employer outside of The Church without any impact on the retirement benefits payable from the Clergy Pension Plan.

## Information Sheet

To ensure you and eligible family members the fullest benefits, please complete the following

information:

**Clergy**

Name: \_\_\_\_\_

(first)

(m)

(last)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Retirement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Your Home Address: \_\_\_\_\_

Present Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Diocese: \_\_\_\_\_

Parish: \_\_\_\_\_ Position: \_\_\_\_\_

**Spouse**

Name: \_\_\_\_\_

(first)

(m)

(last)

(maiden, if applicable)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Previous Spouse Information**

Name: \_\_\_\_\_

(first)

(m)

(last)

(maiden, if applicable)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Termination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: Death \_\_\_\_\_ Divorce \_\_\_\_\_

Date Finalized: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Dependent Children**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Handicapped: Yes \_\_\_\_ No \_\_\_\_

Handicapped: Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Handicapped: Yes \_\_\_\_ No \_\_\_\_

Handicapped: Yes \_\_\_\_ No \_\_\_\_

Should you require additional space, please use the back of this form.