



Church of the Nazarene Single Defined Benefit Plan
Former Basic Pension Plan

APPLICATION FOR BENEFITS

1. PERSONAL INFORMATION

Name:
Social Security #:
Date of Birth:
Mailing Address:
Street Address (if different from Mailing Address):
City, State, Zip:
Telephone Numbers: Home: Cell:
Primary Email address:
Marital Status: Single Married Date of Marriage:
Spouse's Name:
Spouse's Social Security #: Spouse's Date of Birth:

2. APPLICATION TYPE (complete Section A, OR Section B)

A. I am a PARTICIPANT in the Plan and I am applying for the following benefit (choose one):
Normal Retirement Age of 65 (if you are married, choose one of the following):
I choose to receive the standard pension, which will pay me 100% of my pension, and will pay my surviving spouse (age 62 or older) 60% of what I am receiving at the time of my death
I choose to receive the optional pension, which will pay me a pension reduced by about 10%, and will pay my surviving spouse (age 62 or older) 100% of what I am receiving at the time of my death
Early Retirement after Age 62 but prior to Normal Retirement Age of 65
Disability Pension (Please send a copy of your Social Security Disability Award Notice after you receive it.)

B. I am the SURVIVING SPOUSE of
who was a Plan Participant, and whose date of death was
and whose Social Security Number was
Our marriage date was
As the surviving spouse, I am applying for the following benefit (choose one):
Normal Retirement Age of 62
Early Retirement after Age 60 but prior to Age 62
Disability Pension (Please send a copy of your Social Security Disability Award Notice after you receive it.)

**3. PARTICIPANT CREDENTIAL RECORD (complete all that apply)**

- I received my first Nazarene district license or lay credential in: \_\_\_\_\_ by the \_\_\_\_\_ district.  
(year)
- I was ordained in: \_\_\_\_\_ by the \_\_\_\_\_ district.  
(year)
- I was a former elder with the \_\_\_\_\_ denomination and my credentials were recognized by the \_\_\_\_\_ district in \_\_\_\_\_.  
(year)

**4. PARTICIPANT MINISTRY RECORD (include additional page(s) as necessary)**

*\* Assigned pastors are deemed full-time and full-livelihood. Full-time and full-livelihood associate pastor ministry is defined as a minimum of 30 hours per week for 30 weeks during the year with a minimum of 50% of total earned income coming from that ministry. Full-time and full-livelihood evangelist or supply pastor ministry is defined as a minimum of 30 Sundays or 26 revival events per year in Nazarene churches. **If you served as an evangelist or supply pastor, please provide yearly ministry summary information on the addendum provided with this application.***

Beginning with your first ministry assignment, please list below all of your assignments in chronological order. For all dates, please provide MONTH and YEAR.

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

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Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

**4. PARTICIPANT MINISTRY RECORD (continued)**

Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

**5. DIRECT DEPOSIT**

I hereby authorize the Global Treasury Services office to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the following depository institution:

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ (Obtain 9-digit number from your bank)

Account # \_\_\_\_\_ (Enclose a voided, blank PERSONAL CHECK)

Type of Account:  Checking  Savings

**6. QUALIFIED DOMESTIC RELATIONS ORDER**

I am applying as the **ALTERNATE PAYEE** under the provisions of a Qualified Domestic Relations Order (QDRO) previously approved by Nazarene Benefits USA and filed with the court of jurisdiction.

**7. SIGNATURES AND PERMISSIONS**

Based on my personal ministerial records, I hereby certify that, to the best of my knowledge, the Participant Ministry Record with the Church of the Nazarene contained in this Application for Benefits is complete and accurate.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed and signed form to Nazarene Benefits USA.**



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