COVENANT PENSION PLAN UPDATE FORM

Please check one:

☐ Begin Pension Billing ☐ Change of Pastorate ☐ Change of Address

Please print – USE BLACK INK

Name:_____Birth Date_____/_____/_____

Gender: ☐Male ☐ Female

Home address: _____
Street City State Zip Code

Home Telephone: (___) _____ E-Mail _____

☐ I am a new participant.

☐ I currently do not hold Covenant standing but would like to participate in the Pension Plan, if eligible. Please send me information about this.

Effective date of changes: _____

Moving From:

Church name: _____ Street Address: _____

City/State/Zip:_____**Ending date**:_____

Church Currently Called To or Serving:

Church name: _____ Street Address: _____

City/State/Zip: _____**Starting date**: _____

Send premium invoice to: ☐ Church ☐ Conference office

Position: _____

☐ Church Planter

Covenant Standing:

☐ Ordained ☐ Commissioned ☐ Licensed, currently hold _____ license.

Office use only: ☐ CIS ☐ Bill ☐ Dbase Date _____

10/22/14