

**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: ____ / ____ / ____
(If you are applying as the alternate payee under the provisions of an approved QDRO, complete section 6)

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

(P&B will obtain district approval for your early retirement)

My last date of active ministry in the Church of the Nazarene: _____

I wish to begin receiving my early benefit (Month & Year, not prior to the date above): _____

Disability Pension (Please send a copy of your Social Security Disability Award Notice after you receive it.)

(P&B will obtain district approval for your disability retirement)

My last date of active ministry in the Church of the Nazarene: _____

I wish to begin receiving my disability benefit (Month & Year): _____

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

I wish to begin receiving my early benefit (Month & Year): _____

Disability Pension (Please send a copy of your Social Security Disability Award Notice after you receive it.)

I wish to begin receiving my disability benefit (Month & Year): _____

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**.*

 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

 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

 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

 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

 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

 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

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

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

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

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

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

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

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

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

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

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

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 Pensions and 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: _____

Return this completed form to:

	<p>Pensions and Benefits USA—Church of the Nazarene 17001 Prairie Star Pkwy., Lenexa, KS 66220-7900 Local Numbers: (913) 577-2760 Fax: (913) 577-0864 Toll-free Numbers: 1-888-888-4656 Fax: 1-800-334-0634 pensions@nazarene.org www.pbusa.org</p>
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