



In order for Pension Fund to administer your benefit programs correctly, it is very important that you keep Pension Fund informed of changes in your address, employment status, and family status. **Please complete Section I, and then complete any other Sections that cover a change in your personal information.**

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Name _____ Social Insurance Number _____ - _____ - _____
(first) (middle) (last/family name)

Title Preference: Mr. Mrs. Ms. Mx. Rev. Dr. Chap. None

Check here if there has been a change to your contact information on file.

Home Address _____

City _____ Province _____ Country _____ Postal Code _____ - _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address _____

Marital Status: Single Married/Similar Union Divorced Widowed

II. SECONDARY ADDRESS [e.g., SEASONAL]

Secondary Address _____

City _____ Province _____ Country _____ Postal Code _____ - _____

Home Phone Number (_____) _____ Date(s) applicable (e.g., June 1 through August 31) _____

Please notify Pension Fund if you would like to receive pension payments at your secondary address.

III. NEWLY ORDAINED OR COMMISSIONED/LICENSED MINISTER

Check one: Ordained Commissioned/Licensed (*Provide a copy of your current credentials with this Form*)

Date of ordination or first date of commission/license is ____/____/____

IV. FAMILY INFORMATION

MARRIAGE (*please submit a copy of marriage certificate/statutory declaration of common law union with this Form*)

Spouse Name _____ Social Insurance Number _____ - _____ - _____
(first) (middle) (last/family name)

Date of Birth ____/____/____ Date of Marriage or Common Law Relationship ____/____/____

DIVORCE (*please submit a copy of the divorce decree/proof of divorce with this Form*)

Ex-Spouse Name _____ Social Insurance Number _____ - _____ - _____
(first) (middle) (last/family name)

Date of Birth ____/____/____ Date Divorce Finalized ____/____/____

Change in Member's last name from _____ to _____

BIRTH OR LEGAL ADOPTION OF CHILD (*please submit a copy of the birth certificate or adoption decree with this Form*)

1. Child's Full Name _____ Social Insurance Number _____ - _____ - _____

Date of Birth ____/____/____ Date of Legal Adoption, if applicable ____/____/____ Gender: _____

2. Child's Full Name _____ Social Insurance Number _____ - _____ - _____

Date of Birth ____/____/____ Date of Legal Adoption, if applicable ____/____/____ Gender: _____

3. Child's Full Name _____ Social Insurance Number _____ - _____ - _____

Date of Birth ____/____/____ Date of Legal Adoption, if applicable ____/____/____ Gender: _____

DEATH (please provide a copy of the death certificate with this Form)

Spouse Child Parent

Full Name _____ Social Insurance Number ____ - ____ - ____

Date of Death ____ / ____ / ____ Gender: M F

V. MEMBER CERTIFICATION AND SIGNATURE

I certify that the information provided on this Form is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form. I understand that failure to provide accurate and timely information may result in a reduction of my benefits. **I further understand that it is my responsibility to revise my Beneficiary Designation Form on file with Pension Fund to reflect any change due to a change in my personal information.**

Member Signature _____ Date ____ / ____ / ____

Pension Fund of the Christian Church

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