



CHANGES IN PERSONAL INFORMATION FORM

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/OWNER/ACCOUNT HOLDER INFORMATION

Name _____ Last four digits of Social Security No./ITIN _____
(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 _____ State _____ Country _____ Zip Code _____ - _____

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

E-Mail Address _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

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

Secondary Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

Please notify Pension Fund if you would like to receive program distributions 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/proof of marriage with this Form)

Spouse Name _____ Social Security No./ITIN _____
(first) (middle) (last/family name)

Date of Birth ____/____/____ Date of Marriage ____/____/____

Change in Member/Owner/Account Holder's last name from _____ to _____

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

Ex-Spouse Name _____ Social Security No./ITIN _____
(first) (middle) (last/family name)

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

Change in Member/Owner/Account Holder'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 Security No./ITIN _____

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

2. Child's Full Name _____ Social Security No./ITIN _____

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

3. Child's Full Name _____ Social Security No./ITIN _____

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 Security No./ITIN ____-____-____

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

V. MEMBER/OWNER/BA ACCOUNT HOLDER 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.**

Signature _____ Date ____/____/____

Pension Fund of the Christian Church

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