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Pension Data Sheet

Member ID	Name	e (last, first, middle initial)	□ Clergy □ Lay		
Address (number and street)					
Telephone number (with area code)		E-mail address			
Date of birth S	pouse's/San	ne Gender Domestic Partner's Social Security Number			
Participant of UCC Health Plan? (Yes or No)					
Self Spouse Same-Gender Domestic Partner					
Dear Annuitant or Beneficiary:					
Ideally, pension and Social Security payments, together with savings and investments, will provide for one's needs when earned income ceases. In reality, these sources are sometimes inadequate. The Pension Boards has several programs that may provide varying amounts of assistance, depending on eligibility requirements. This Pension Data Sheet is designed to help us determine if you are eligible for ministerial assistance. The information is treated with the strictest confidence. If you would prefer to not provide the information requested, <i>thereby renouncing any pension supplementation or health plan subsidy for which you may have qualified</i> , please sign and date the form on the space provided below. Please note that you may revoke your decision at any time.					
\Box I do not wish to provide this information at this time.					
Signature: Date:					
If the personal information above or following is incomplete or incorrect, please make the necessary changes or additions. If you do not have a Social Security Number, please state the reason in the space(s) provided below.					
Member:					
Spouse or Same-Gender Domestic Partner:					

Pension Data 08/2013

SOURCES OF INCOME	AMO	AMOUNT				
		Member	Spouse/Partner			
UCC Annuity Plan Pension			\$			
Other UCC Pension (<i>example</i> : Board for World Ministries on church)	·local \$		\$			
Social Security						
Pension Attributable to Other Work	\$		\$			
Military Service Pension	\$		\$			
Pension or Annuity from an Insurance Contract, IRA, etc.	\$		\$			
Any Pension Income Other Than Monthly? • Source:	\$		\$			
Frequency: Current Before-Tax Earnings of Spouse/Partner Under Age	e 65 \$		\$			
Other Income (i.e., Reverse Mortgages), as specified belo	w: \$		\$			
TOTAL INCOME	\$		\$			
ASSETS	I	Yes	No			
If you own a personal residence: Do you have assets of more than \$75,000, other than your residence?						
If you do not own a personal residence: Do you have assets of more than \$100,000?						
Note: Persons living in nursing homes or other facilities that require that this gift be included as income are not eligible for supplementation.						
SPOUSE'S/PARTNER'						
(If applicable, please check the appropriate information below.)						
Since my retirement: my spouse/partner has died my spouse/partner and I have divorced I have remarried 						
If your legal name has changed as a result of divorce or remarriage, please indicate your new name:		Spouse's/Partner's date of birth (if applicable)				
SIGNATURE						
Signature D	ate					