



**\$10,000 Life Benefit Enrollment  
Application for Seminarians Who  
Are Members in Discernment**

You must be a full-time seminary student who is a Member in Discernment to apply for the \$10,000 Life Benefit provided by the Pension Boards–United Church of Christ.

**PERSONAL INFORMATION**

Social Security Number	First Name	Middle Initial	Last Name		
Address 1	City		State	Zip	Country
Address 2					
Address 3	E-mail address				
Telephone number ( ) -	@				
Date of birth	Marital Status:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single				Same-Gender:
	<input type="checkbox"/> Married				<input type="checkbox"/> Married
	<input type="checkbox"/> Divorced				<input type="checkbox"/> Civil Union
	<input type="checkbox"/> Widowed				<input type="checkbox"/> Domestic Partnership

**Spouse or Partner Information (if applicable)**

Please complete this section with information about your spouse or same-gender domestic partner (partner), where applicable.

Name of spouse or partner ( <i>last, first, middle initial</i> )	Social Security Number	Date of birth
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**Conference or Association Information**

Name of Conference or Association	Telephone number ( ) -			
Address 1	City	State	Zip	Country
Address 2				

**Seminary Information**

Name of seminary	Date enrolled in seminary	Telephone number ( ) -		
Address 1	City	State	Zip	Country
Address 2				

### Beneficiary Designation

**Instructions:** Please designate your beneficiary(ies) below. Payment will be made in equal shares or all to the survivor unless otherwise indicated. The total percentage share(s) allocated must be equal to 100%.

Name of beneficiary		Date of birth	Social Security or Tax I.D. Number		
Address 1	City		State	Zip	Country
Address 2					
Address 3	Relationship		Percentage share		
Telephone number ( ) -					

Name of Beneficiary		Date of Birth	Social Security or Tax I.D. Number		
Address 1	City		State	Zip	Country
Address 2					
Address 3	Relationship		Percentage share		
Telephone number ( ) -					

**Designation of Guardian, Trustee, or Executor:** If any individual named as a beneficiary is a minor at my death, I must list below his/her legal guardian. Also, a trustee or executor must be named for any Institution, Trust Agreement or Will.

Name (last, first, middle initial)			Social Security Number		
Address 1	City		State	Zip	Country
Address 2					
Address 3	Relationship or title				
Telephone number ( ) -					

I wish to enroll for the \$10,000 Life Benefit for which I am eligible as a seminary student who is a Member in Discernment. I understand that this is provided at no cost to me. I will notify the Pension Boards if I am no longer a full-time student in seminary.

### Signatures and Date

Applicant's Signature	Date
Signature of the Conference or Association Representative	Date