



The Pension Boards
 United Church of Christ, Inc.
 WHERE FAITH AND FINANCE INTERSECT

Application for Herring and Stark Memorial Funds and Annuity Plan Membership

MEMBER ID: _____ (if you are an existing member of the Annuity Plan)

By completing and submitting this form, I hereby apply for membership in the Annuity Plan for the United Church of Christ, in accordance with its Provisions, Rules and Procedures.

PERSONAL INFORMATION

SSN: _____ Date of Birth: ____/____/____ Gender: M F

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State ____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

Ordination Date: ____/____/____ Title: Rev. Dr.

Relationship Status: Single Married Divorced Widowed Civil Union Domestic Partner

SPOUSE / PARTNER INFORMATION (if applicable)

Name of Spouse / Partner (last, first, middle initial): _____

SSN: _____ Date of Birth: ____/____/____ Date of Marriage: ____/____/____

PLEASE COMPLETE ALL INFORMATION BELOW

I am an Authorized UCC Minister serving: _____
 (Print name of UCC Association or Conference Acting as an Association)

I anticipate that my financial security in retirement will depend on my ability to set aside funds from my earnings as a minister and on retirement benefits provided by pension dues to the UCC Annuity Fund. Yes No

INVESTMENT ALLOCATION

Information about our funds are available online.

Please elect an investment allocation.

Sustainable Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	TAD Fund 2045	TAD Fund 2050	Fund percentage must total 100%
Allocation of Future Contributions (5% increments)											
%	%	%	%	%	%	%	%	%	%	%	Total: _____%

BENEFICIARY INFORMATION:

Beneficiary(ies): I hereby designate the following as Primary or Secondary Beneficiary(ies). If more than one is designated, each surviving Beneficiary shall receive the percentage share indicated. Please note, if you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

Total proportion of designations must total 100%.

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F

Annuity: [] Primary _____% [] Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F

Annuity: [] Primary _____% [] Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F

Annuity: [] Primary _____% [] Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F

Annuity: [] Primary _____% [] Secondary _____%

SPOUSAL CONSENT

Spousal consent is required if the applicant is married and has not designated their spouse as the sole beneficiary.

Spouse’s Consent:

[] I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse’s Signature _____ Date: ____ / ____ / _____

NOTARY

Notary’s Signature _____ Date: ____ / ____ / _____

Notary’s Stamp:

For New Enrollments: After this pension account is established you will receive a seven-digit Member ID number indicated in your enrollment letter. Your Member ID may be used on any correspondence sent to the Pension Boards. It may also be used to access the Member Portal on our website at www.pbucc.org. If you do not elect a beneficiary, your Estate will be the primary beneficiary. If you do not indicate your desired allocations, any contributions made on your behalf will be invested in the Target Annuitization Date (TAD) Fund most appropriate to your anticipated retirement timeline based on your age.

APPLICANT SIGNATURE

Applicant’s Signature _____ Date : _____

APPLICATION SUBMISSION

Please complete this application and provide a copy of your **birth certificate, passport, or driver's license**. All documents need to be received by **July 1** to be considered for a grant in that calendar year.

Please submit all documents to the address indicated below and retain a copy for your records. Grants are awarded annually by **November 1** to qualified applicants.

An account in the Annuity Plan for the United Church of Christ will be established for approved Herring and Stark Memorial Funds applicants, so they can begin saving for a more secure retirement.

Please return this signed and completed form by email to ministerialassistance@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, Attention: Ministerial Assistance, 475 Riverside Drive, Suite 1020, New York, NY 10115.