



The Pension Boards  
United Church of Christ

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## Renewal of Ministerial Assistance

Name ( <i>first/middle initial/last</i> )	
Date of birth  / /	Social Security number
Address ( <i>number and street</i> )	City/State/ZIP
Telephone ( <i>with area code</i> )  ( ) -	E-mail address  @
<b>Spouse's Information</b> ( <i>If applicable, please check the appropriate information below</i> )	
Since my retirement:	
<input type="checkbox"/> my spouse has died	<input type="checkbox"/> my spouse and I have separated
<input type="checkbox"/> my spouse and I have divorced	<input type="checkbox"/> I have remarried
If your legal name has changed as a result of divorce or remarriage, please indicate your new name	Spouse's name ( <i>if applicable</i> )
Spouse's date of birth ( <i>if applicable</i> )  / /	Spouse's Social Security number ( <i>if applicable</i> )
<b>Member's Signature</b>	
Signature	Date

### Ministerial Assistance Application Checklist

To avoid delays in the processing of your application, please remember to attach the following forms to this sheet:

- Attachment A – History of Ministerial Employment
- Attachment B – Current Assets
- Attachment C – Description of Circumstances
- Attachment D – Annual Budget Worksheet