



# Church of the Nazarene Single Defined Benefit Plan Former Basic Pension Plan

## APPLICATION FOR BENEFITS

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from Mailing Address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Marital Status:  Single  Married Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If you are applying as the alternate payee under the provisions of an approved QDRO, complete section 6)

Spouse's Name: \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### 2. APPLICATION TYPE (complete Section A, OR Section B)

**A.** I am a **PARTICIPANT** in the Plan and I am applying for the following benefit (choose one):

- Normal Retirement** Age of 65 (if you are married, choose one of the following):
  - I choose to receive the **standard** pension, which will pay me 100% of my pension, and will pay my surviving spouse (age 62 or older) 60% of what I am receiving at the time of my death
  - I choose to receive the **optional** pension, which will pay me a pension reduced by about 10%, and will pay my surviving spouse (age 62 or older) 100% of what I am receiving at the time of my death

- Early Retirement** after Age 62 but prior to Normal Retirement Age of 65  
(NBUSA will obtain district approval for your early retirement)  
My last date of active ministry in the Church of the Nazarene: \_\_\_\_\_  
I wish to begin receiving my early benefit (Month & Year, not prior to the date above): \_\_\_\_\_

- Disability Pension** (Please send a copy of your Social Security Disability Award Notice after you receive it.)  
(NBUSA will obtain district approval for your disability retirement)  
My last date of active ministry in the Church of the Nazarene: \_\_\_\_\_  
I wish to begin receiving my disability benefit (Month & Year): \_\_\_\_\_

**B.** I am the **SURVIVING SPOUSE** of \_\_\_\_\_  
who was a Plan Participant, and whose date of death was \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ and whose Social Security Number  
was \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. Our marriage date was \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. As the surviving spouse, I am applying for  
the following benefit (choose one):

- Normal Retirement** Age of 62
- Early Retirement** after Age 60 but prior to Age 62  
I wish to begin receiving my early benefit (Month & Year): \_\_\_\_\_
- Disability Pension** (Please send a copy of your Social Security Disability Award Notice after you receive it.)  
I wish to begin receiving my disability benefit (Month & Year): \_\_\_\_\_

**3. PARTICIPANT CREDENTIAL RECORD (complete all that apply)**

- I received my first Nazarene district license or lay credential in: \_\_\_\_\_ by the \_\_\_\_\_ district.  
(year)
- I was ordained in: \_\_\_\_\_ by the \_\_\_\_\_ district.  
(year)
- I was a former elder with the \_\_\_\_\_ denomination and my credentials were recognized by the \_\_\_\_\_ district in \_\_\_\_\_.  
(year)

**4. PARTICIPANT MINISTRY RECORD (include additional page(s) as necessary)**

*\* Assigned pastors are deemed full-time and full-livelihood. Full-time and full-livelihood associate pastor ministry is defined as a minimum of 30 hours per week for 30 weeks during the year with a minimum of 50% of total earned income coming from that ministry. Full-time and full-livelihood evangelist or supply pastor ministry is defined as a minimum of 30 Sundays or 26 revival events per year in Nazarene churches. **If you served as an evangelist or supply pastor, please provide yearly ministry summary information on the addendum provided with this application.***

Beginning with your first ministry assignment, please list below all of your assignments in chronological order. For all dates, please provide MONTH and YEAR.

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No

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Date Started: \_\_\_\_\_ / \_\_\_\_\_ Date Ended: \_\_\_\_\_ / \_\_\_\_\_ Ministry Position: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ District: \_\_\_\_\_

If not serving as Senior Pastor, was this ministry position full-time and full-livelihood?\*  Yes  No



**5. DIRECT DEPOSIT**

I hereby authorize the Global Treasury Services office to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the following depository institution:

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ (Obtain 9-digit number from your bank)

Account # \_\_\_\_\_ (Enclose a voided, blank PERSONAL CHECK)

Type of Account:  Checking  Savings

**6. QUALIFIED DOMESTIC RELATIONS ORDER**

I am applying as the **ALTERNATE PAYEE** under the provisions of a Qualified Domestic Relations Order (QDRO) previously approved by Nazarene Benefits USA and filed with the court of jurisdiction.

**7. SIGNATURES AND PERMISSIONS**

Based on my personal ministerial records, I hereby certify that, to the best of my knowledge, the Participant Ministry Record with the Church of the Nazarene contained in this Application for Benefits is complete and accurate.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed and signed form to Nazarene Benefits USA.**



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