

## PENSION SERVICE REQUEST

check all that apply

- Basic Pension Plan** participants
- General Church Pension Plan** participants
- World Mission Pension Plan** participants
- Nazarene Bible College Pension Plan** participants

### ADDRESS CHANGE REQUEST

I hereby authorize the Nazarene Benefits USA office to initiate an address change to my account. This change shall remain in full force and effect until further notice.

Print Name \_\_\_\_\_

S.S. # \_\_\_\_\_

**NEW** Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed and signed form to Nazarene Benefits USA.



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888.888.4656 | (FAX) 800.334.0634 | nbusa.org | benefits@nazarene.org