



Application for Benefits – Retirement

Supplement One to the Clergy Retirement Security Program (Pre-82 Plan)

Part 1 – General Information

Name _____ Social Security (last 5 digits) # _____
 Birth date _____ Conference/Employer _____
 Participant # _____
 Address _____ Primary phone # _____
 _____ Alternate phone # _____
 City, State, ZIP _____

Part 2 – Spouse Information

Please provide information about your current spouse, if applicable, as this may impact your benefit calculation.

Spouse name _____ Spouse Social Security (last 5 digits) # _____
 Spouse birth date _____ Marriage date _____

If you were married at the time you ceased serving under episcopal appointment and that individual is deceased or you are now divorced from that individual, please provide the following information about your former spouse, as this may affect your benefit calculation.

Former spouse's name _____ Death date _____
 _____ Divorce date _____

Part 3 – Election to Begin or Defer Benefits

You have the option to begin or defer your Pre-82 Plan pension benefit. Please make your election below.

- I elect to begin my pension benefit as of the first day of the month after this application is received by Wespath Benefits and Investments (Wespath).
- I elect to begin my pension benefit on _____. (Must be the first day of a month.)
- I elect to defer my pension benefit until a later date. I understand that I will need to contact Wespath to request a new Pre-82 Plan *Application for Benefits—Retirement* to begin my distribution.

Part 4 – Signature

This section must be completed in order to process your application. Wespeth will return applications that are not properly completed, signed and dated. This could delay your pension benefit.

By signing below, I hereby certify that I have read and understand this *Application for Benefits—Retirement* and agree with the elections and information provided above.

Signature _____ Primary phone # _____

Date _____ Alternate phone # _____

If you are **NOT** completing this document online, please complete it and return to Wespeth by one of the following methods:

- E-mail (scanned copy) to **retirementteam@wespeth.org** or
- Fax to **1-847-866-4677** or
- Mail to Wespeth Benefits and Investments
Retirement Benefits
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.