



## **Application for a Pension Grant—Chaplains Supplemental Pension Grant Fund**

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A clergy person who meets the conditions of eligibility in accordance with paragraph 3.01 of the Chaplains Supplemental Pension Grant Fund shall be eligible to apply for a pension grant from the Fund.

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### **Part 1 – To be completed by the applicant.**

The following information is needed by Wespath Benefits and Investments in order to determine your eligibility for a pension grant from the Chaplains Supplemental Pension Grant Fund.

Name \_\_\_\_\_ Conference \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_  
Primary phone # \_\_\_\_\_  
Country of citizenship \_\_\_\_\_

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### **Part 2 – To be completed by the employer.** If more than one employer is involved, a form must be completed by each.

Name of employer \_\_\_\_\_

Period the above-named clergy person was employed by the above-named employer as a Chaplain endorsed by The United Methodist Endorsing Agency (previously known as the Section of Chaplains and Related Ministries):

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Is the above-named clergy person eligible to receive any pension, or other benefits in lieu thereof (excluding any benefits from the Social Security Administration), for the period he or she was employed by the above-named employer?  Yes  No

If **yes**, what is the period of coverage by your pension program? From \_\_\_\_\_ to \_\_\_\_\_

Did the above-named clergy person relinquish any pension benefits which he or she was entitled to receive?  Yes  No

Signature on behalf of employer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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### **Part 3 – To be completed by the applicant** (if he or she is or will be receiving pension benefits from the agency where he or she served as a Chaplain)

I am or will be receiving pension benefits from the agency listed below and do not wish to apply for a grant from the Chaplains Supplemental Pension Grant Fund.

Name of employer \_\_\_\_\_ Period of service from \_\_\_\_\_ to \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_