



## **Application for Benefits – Termination of Conference Relationship**

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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 \_\_\_\_\_

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### **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 \_\_\_\_\_

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### **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 *Application for Benefits – Termination of Conference Relationship* for the Pre-82 Plan to begin my distribution.

**Part 4 – Signature**

This section must be completed in order to process your application. Wespah 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–Termination of Conference Relationship* 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 Wespah by one of the following methods:

- E-mail (scanned copy) to **retirementteam@wespah.org** or
- Fax to **1-847-866-4677** or
- Mail to Wespah Benefits and Investments  
Retirement Benefits  
1901 Chestnut Avenue, Glenview, IL60025

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.