



Notice of Change of Status and/or Compensation

This form must be completed for the Free Methodist Church of North America Pension Plan.

1. Name _____
 Social Security # _____ Birth Date _____
 Spouse Name _____ Birth Date _____

2. Current Conference Name _____ Conference # _____
 Current Church _____ Church # _____
 Street _____ City _____ State _____ Zip _____

3. **Change Effective Date** _____ *(This is very important!)*

4. New Conference Name _____ Conference # _____
 New Church _____ Church # _____
 Street _____ City _____ State _____ Zip _____

(Please list your personal address if not appointed to a church.)

5. First-time pastoral appointment Retirement
 Discontinued from pastoral appointment Leave of absence
 Change in compensation (*salary/housing*) Transfer to new church
 Termination
 Transfer to another conference (New conference _____)

Salary \$ _____ per _____ (*cash salary, soc sec reimb, 403B, section 125 medical*)
Housing \$ _____ per _____ (*housing allowance -or- fair rental value + utilities*)
(Even if one or both of the above has not changed, please list for confirmation purposes.)

6. Other information that would help us better understand your situation:

7. **Signatures** Pastor _____ (date) _____
Conference Official _____ (date) _____

8. **Please submit form immediately to:**

•Your Conference Office
•FMCNA World Ministries Center - Human Resources
 PO Box 535002, Indianapolis, IN 46253-5002 (fax: 317-244-1503)