



19 East 34th Street  
 New York, NY 10016  
 www.cpg.org

## Clergy Participant Change Form

Please complete church name, address and participant name plus indicate all changes desired for an individual participant per form. Sign and return completed form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016**. If you have any questions, call us at **(866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET** (excluding holidays).

### Employer Information

Church Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
**Plan** DB RSV **Division/Source Code** \_\_\_\_\_

*Please complete one form for each participant for whom you are making changes.*

### Participant Information

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Include a copy of birth certificate, driver's license or passport for name and date of birth verification.*

### Employment Status

Termination Retired Ineligible Inactive Re-active Effective Date \_\_\_\_\_

### Salary Change

Base Salary (annual amount) \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_ Social Security Tax Reimbursements \$ \_\_\_\_\_  
 ER Paid Tuition for Dependents \$ \_\_\_\_\_ ER Paid 403(b) Contribution \$ \_\_\_\_\_  
 Other Taxable Income \$ \_\_\_\_\_ Housing Equity Allowance \$ \_\_\_\_\_  
**Cash Housing Allowance** Yes No **Meals** Yes No

### One-Time Payments

Bonus \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Severance \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Overtime \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Special Service Fees \$ \_\_\_\_\_

### Name or Marital Status Change

Name Changed to: \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Social Security # \_\_\_\_\_ **Gender** Male Female  
 Single Married Divorced Widowed

*Please submit supporting documentation (marriage certificate, divorce decree or death certificate) for the changes made above. Please note that the supporting documentation is required for the sole purpose of verifying the marriage, divorce or death and not for any other reason.*

### Participant Address or Email Change

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Signatures

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_