

PASTOR _____
ADDRESS _____
CHARGE _____

THIS APPOINTMENT IS: [] FULL TIME [] 3/4 TIME [] 1/2 TIME [] 1/4 TIME

[] Waiver of Participation

Please check here if this is a less than full time Appointment AND you have already submitted an official GBOPHB Waiver of Participation form

PASTOR'S CASH INCOME:

Table with 2 columns: Description and Amount. Rows include Annual Salary, Cash Allowances, Utilities Allowance, Cash Housing Allowance, Subtotal, and PLAN COMPENSATION.

CHARGE PORTION (These items are considered expenses of the church(es)):

ALL PASTORS: CLERGY RETIREMENT SECURITY PROGRAM (CRSP)

DEFINED CONTRIBUTION (DC) (3% of Plan Compensation, Line 7) \$ _____ (8)
(1/12 of Line 8 = \$ _____. This amount should match to the CRSP-DC line item on the monthly bill from the NC Conference Treasurer's Office.)

DEFINED BENEFIT (DB) (10.4% of Plan Compensation, Line 7) \$ _____ (9)
(1/12 of Line 9 = \$ _____. This amount should match to the CRSP-DB line item on the monthly bill from the NC Conference Treasurer's Office.)

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN (CPP-C) \$ _____ (10)

- 1. The Maximum Limit for this line item = 2 % of 200% of the Denominational Average Compensation (Calculated as: 2% X 200% X \$61,716 = \$2,468.64 per year or \$205.72 per month.)
2. Your actual amount for this line item = 2 % of your Plan Compensation (from Line 7) (To calculate your actual amount complete this formula: 2% X the amount in Line 7 = \$ _____ per year or \$ _____ per month.)
3. Enter on Line 10 the lesser of \$2,468.64 or the annual amount calculated in step 2 above. The monthly amount calculated in step 2 above should match to the CPP-C line item on the monthly bill from the NC Conference Treasurer's Office.

PASTOR'S PORTION (These items are to be withheld from the pastor's monthly salary):

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION (CPP-P) \$ _____ (11)

- 1. The Maximum Limit for this line item = 1% of 200% of the Denominational Average Compensation (Calculated as: 1% X 200% X \$61,716 = \$1,234.32 per year or \$102.86 per month.)
2. Your actual amount for this line item = 1% of your Plan Compensation (from Line 7) (To calculate your actual amount complete this formula: 1% X the amount in Line 7 = \$ _____ per year or \$ _____ per month.)
3. Enter on Line 11 the lesser of \$1,234.32 or the annual amount calculated in step 2 above. The monthly amount calculated in step 2 above should match to the CPP-P line item on the monthly bill from the NC Conference Treasurer's Office.

OPTIONAL: UNITED METHODIST PERSONAL INVESTMENT PLAN (UMPIP) \$ _____ (12)

(Although the Conference Board of Pension recommends a minimum contribution of 3% of Plan Compensation, an individual may choose another percentage or dollar amount. There are maximum limits. For help in calculating those limits, contact the General Board of Pension and Health Benefits at 1-800-851-2201.) Enter the same percentages or dollar amounts as on the Contributions Agreement to the PIP Part 1 (for pre-tax contributions) and Part 2 (for after tax contributions). UMPIP payments should be sent directly to the GBOPHB.

Pre-tax Contribution: _____ % of Plan Compensation (line 7) = \$ _____ or \$ _____ dollar amount

After tax contribution: _____ % of Plan Compensation (line 7) = \$ _____ or \$ _____ dollar amount

Add the pre-tax contribution and the after tax contribution and enter the total on line 12. The General Board of Pension and Health Benefits will send a monthly bill which should match 1/12 of the amount on line 12, \$ _____.

OPTIONAL: MINISTERS' TRANSITION FUND (MTF) \$ _____ (13)

- 1. If you are currently a member of the MTF and wish to have your annual contribution withheld from your salary on an after-tax basis and remitted to the NCCUMC on a monthly basis along with your billing for the CRSP and CPP, then calculate the amount to be entered on Line 13 as shown in step 2 below.
2. 2011 Annual Salary (from Line 1 above) + 2011 Utilities Allowance (from either Line 3 above or the box below) x 0.01 = Line 13
3. If you are not a current member of the MTF, but would like information about enrolling, please contact JoAnna Cafferty at 1-800-849-4433 ext. 225.

SIGNATURE _____ DATE _____

Please furnish this information for Conference use only. This does not enter into the Pension Computation.

VOUCHERED TRAVEL OR VOUCHER PLAN LIMITS \$ _____

(Accountable Reimbursement Plan Travel Only)

VOUCHERED UTILITIES OR UTILITY PLAN LIMITS \$ _____

(Utilities paid to utility companies or as reimbursement plan ONLY)

