

# MINISTERS' TRANSITION FUND

## Monthly Billing Enrollment Form

Effective January 1, 2009, those clergypersons who are enrolled in the Ministers' Transition Fund (MTF) and are under active appointment to a local church or an extension ministry may choose to have their annual contribution divided into equal monthly payments, withheld from their salary on an **after-tax** basis, and included on their monthly pension bill from the North Carolina Conference. Enrollees in this option will not receive the annual contribution letter which is mailed out in the fall each year. The Conference Board of Pensions, which administers this fund, hopes this billing option will ease the burden of making a lump sum annual payment.

I certify that I have submitted an application for enrollment and am currently a member of the MTF. I wish to have my annual contribution withheld from my salary on an after-tax basis and remitted to the North Carolina United Methodist Conference on a monthly basis along with my billing for the Clergy Retirement Security Program (CRSP). This agreement will remain in effect until I submit written authorization to discontinue this billing.

To calculate my contribution amount:

**2012 Annual Cash Salary** ..... \$ \_\_\_\_\_ (A)  
**2012 Utilities Allowance** as per Church Budget..... \$ \_\_\_\_\_ (B)  
Sum of Lines A and B \$ \_\_\_\_\_ (C)  
**2012 Annual After-Tax Contribution** = 0.01 x the amount on Line C ..... \$ \_\_\_\_\_ (D)

Line D ÷ # of full months remaining in 2012 = \$ \_\_\_\_\_. This amount should match to the MTF line item on the monthly bill from the NC Conference Treasurer's Office. **NOTE:** For first-time appointees, Line D must be divided by 6 months in order to make the full annual payment between July and December of your first appointment.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Appointment \_\_\_\_\_ District \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date \_\_\_\_\_

**Give a copy of this completed form to your salary-paying unit and/or church treasurer as this is their authorization to withhold these funds from your salary.**

**Return completed form to:  
NCCUMC Treasurer's Office  
Attn: JoAnna C. Ezuka – MTF  
700 Waterfield Ridge Place  
Garner, NC 27529  
Fax: (919) 773-2308**