

MINISTERS' TRANSITION FUND

Enrollment/Declination Form

This Ministers' Transition Fund is a qualified 403(b) pension plan intended to provide funding for the transition to home ownership at the time of retirement. Those persons who are eligible to join the Ministers' Transition Fund include each ministerial member of the North Carolina Annual Conference (associate, full, probationary, or full-time local pastor) who is serving full time in a charge or as a district superintendent, a Conference ministerial staff person, or others who are appointed to serve at a North Carolina Annual Conference Institution or other Episcopal appointment of the North Carolina Annual Conference. The Ministers' Transition Fund is not mandatory. For complete information, please refer to the Ministers' Transition Fund constitution printed in the Conference Journal by the NC Board of Pension.



I certify that I am eligible and wish to become a participant in the Ministers' Transition Fund of the North Carolina Annual Conference.

- Yes, I wish to enroll. Please instruct my church/charge to withhold the annual contribution on an after-tax basis from my paycheck and to remit it along with my monthly NC Conference pension bill. (*If you select this option, please complete the Monthly Billing Enrollment Form in addition to this Enrollment form.)
- Yes, I wish to enroll. Please deduct my annual contribution on a monthly basis from my personal bank account. (*If you select this option, please complete the Authorization Agreement for Automatic Debits Form in addition to this Enrollment form.)
- Yes, I wish to enroll. Please bill me each October for my yearly contribution. I understand that this payment is due by January 31st of each year in order to receive credit for the year.

Printed Name _____ Signature _____

Date _____



No, I do not wish to enroll. I certify that I have been given the opportunity to enroll in the Ministers' Transition Fund and I have declined to participate. I understand that if I elect to enroll at a later time, I must send written notification to the Conference Treasurer's Office of my intention to revoke this waiver.

Printed Name _____ Signature _____

Date _____

Return completed form to:
Treasurer's Office
ATTN: JCafferty – MTF
PO Box 1970
Garner, NC 27529

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North Carolina United Methodist Conference

Beneficiary Designation

In the event of my death prior to retirement or final distribution of funds, I hereby name

** _____ ** if living

_____ (address)

Otherwise** _____ **

_____ (address)

as beneficiary of any funds that have accrued in my Ministers' Transition Fund (MTF) account.

Name of MTF Member _____

Social Security # _____

Address of Member _____

Signed _____

Date _____

Witness (*Must be a third party other than the Named Beneficiary or the MTF Member*) _____

Address of Witness _____

Date _____

Beneficiary may be changed at any time upon proper written notice to the Group Administrator

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