

MINISTERS' TRANSITION FUND

Monthly Billing Enrollment Form

Those clergypersons who are enrolled in the Ministers' Transition Fund (MTF) and are under active appointment to a local church 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 Pension, 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:

20__ **Annual Salary** \$ _____ (A)
20__ **Annual Cash Allowances provided without receipt*** \$ _____ (B)
Sum of Lines A and B \$ _____ (C)
20__ **Annual After-Tax Contribution** = 0.01 x the amount on Line C \$ _____ (D)

*Cash Allowances are found on line 2a of the Clergy Compensation Worksheet

For members enrolling on July 1, Line D must be divided by 6 months in order to make the full annual payment between July and December. This amount should match to the MTF line item on the monthly bill from the NC Conference Treasurer's Office.

For members enrolling at any other time during the calendar year, Line D must be allocated over the remaining portion of the year. Therefore, Line D ÷ # of full months remaining in 20__ = \$ _____. This amount should match to the MTF line item on the monthly bill from the NC Conference Treasurer's Office.

Printed Name _____ Signature _____

Appointment _____ District _____

Mailing Address _____

Date _____

Give a copy of this completed form to your church treasurer as this is their authorization to withhold these funds from your salary.

**Return completed form to:
NCCUMC Treasurer's Office
MTF
700 Waterfield Ridge Place
Garner, NC 27529
Fax: (919) 773-2308
benefitsteam@nccumc.org**