

North Carolina Conference of The United Methodist Church  
**Church Remittance Advice - Disaffiliation Obligation Payments**  
*(Valid Only for Disaffiliation Date of December 31, 2022)*

Date
Church Name
Church ID Number
District
Pastor's Name
Submitted by:
Name
Telephone Number
Email Address
<b>Total Amount Remitted</b>

**Make Checks Payable To:**  
**Conference Treasurer-Raleigh Area**  
 PO Box 890202  
 Charlotte, NC 28289-0202

**For more information:**  
[nccumc.org/disaffiliation/](http://nccumc.org/disaffiliation/)  
**Questions?**  
[disaffiliation@nccumc.org](mailto:disaffiliation@nccumc.org)

Please enter the amount paid for each item included in this remittance. Refer to the source for each item to determine the amounts due.		<i>For Treasurer's Office Use Only</i>
Item	Amount	
<b>5.a.i. Property Retention Legal Fees (Quitclaim Deed/Bill of Sale)</b> <i>(As determined and communicated by NCC Chancellor)</i>	\$	<i>RM Activity 9201</i>
<b>5.a.ii. Apportionments for 12 months Prior to Disaffiliation Date</b> <i>(Any Unpaid Balance of 2022 Apportionments)</i>	\$	<i>RM 2022 Pledges RP</i>
<b>5.a.iii. Additional 12 months of apportionments</b> <i>(Same Amount as Total 2022 Apportionments)</i>	\$	<i>RM Activity 9202</i>
<b>5.a.iv. Pro Rata Share of Pension Obligation</b> <i>(See related item on Disaffiliation Agreement)</i>	\$	<i>RM Activity 9200</i>
<b>5.a.v. Direct-Bill Pension Outstanding Balance</b> <i>(See December 2022 NCC Pension Statement, if applicable)</i>	\$	<i>Accounts Receivable RP</i>
<b>5.a.v. Direct-Bill Health Insurance Outstanding Balance</b> <i>(See December 2022 NCC Insurance Statement, if applicable)</i>	\$	<i>Accounts Receivable RP</i>
<b>Total Remitted</b>		

**NOTE: Please do not include Board of Missions, Inc. (BOMI) loan or trust agreement payments with this remittance. Contact [kduncan@nccumc.org](mailto:kduncan@nccumc.org) for assistance with BOMI remittances.**