



**CHANGES IN PERSONAL  
INFORMATION FORM**

In order for Pension Fund to administer your benefit programs correctly, it is very important that you keep Pension Fund informed of changes in your address, employment status, and family status. **Please complete Section I, and then complete any other Sections that cover a change in your personal information.**

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER/OWNER/ACCOUNT HOLDER INFORMATION**

Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family name)

Title Preference:  Mr.  Mrs.  Miss  Ms.  Rev.  Dr.  Chap.  None

Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

**II. SECONDARY ADDRESS [e.g., SEASONAL]**

Secondary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Date(s) applicable (e.g., June 1 through August 31) \_\_\_\_\_

*Please notify Pension Fund if you would like to receive program distributions at your secondary address.*

**III. NEWLY ORDAINED OR COMMISSIONED/LICENSED MINISTER**

Check one:  Ordained  Commissioned/Licensed (*Provide a copy of your current credentials with this Form*)

Date of ordination or first date of commission/license is \_\_\_\_/\_\_\_\_/\_\_\_\_

**IV. FAMILY INFORMATION**

**MARRIAGE** (*please submit a copy of marriage certificate/proof of marriage with this Form*)

Spouse Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Change in Member/Owner/Account Holder's last name from \_\_\_\_\_ to \_\_\_\_\_

**DIVORCE** (*please submit a copy of the divorce decree/proof of divorce with this Form*)

Ex-Spouse Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Divorce Finalized \_\_\_\_/\_\_\_\_/\_\_\_\_

Change in Member/Owner/Account Holder's last name from \_\_\_\_\_ to \_\_\_\_\_

**BIRTH OR LEGAL ADOPTION OF CHILD** (*please submit a copy of the birth certificate or adoption decree with this Form*)

1. Child's Full Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Legal Adoption, if applicable \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

2. Child's Full Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Legal Adoption, if applicable \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

3. Child's Full Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Legal Adoption, if applicable \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

**DEATH** (please provide a copy of the death certificate with this Form)

Spouse  Child  Parent

Full Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

**V. MEMBER/OWNER/BA ACCOUNT HOLDER CERTIFICATION AND SIGNATURE**

I certify that the information set forth in this Form is accurate. I agree that I will timely notify Pension Fund of any changes to the information set forth in this Form. I understand that failure to provide accurate and timely information may result in a reduction of my benefits. **I further understand that it is my responsibility to revise my Beneficiary Designation Form on file with Pension Fund to reflect any change due to a change in my personal information.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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