



The Ministerial Relief Program provides financial support, assistance and relief to eligible ministers and lay employees in the Stone-Campbell tradition, as well as to their surviving spouses, through gifts that provide ministerial relief pensions, supplemental pensions, and emergency aid grants. The Ministerial Relief Committee determines who is eligible for these gifts based on objective guidelines and criteria that consider individual need and available resources. Participation in the Ministerial Relief Program is completely voluntary.

I. CHURCH/EMPLOYMENT AFFILIATION

Indicate your church affiliation (*check one only*):

- Christian Church (Disciples of Christ)
- Christian Churches/Churches of Christ
- Church of Christ
- Christian Church, Church of Christ, Disciples of Christ International

II. TYPE OF ASSISTANCE

Indicate the type of assistance for which you are applying (*check one only*):

- Ministerial Relief.** You are eligible for assistance under the Ministerial Relief Program if you satisfy all of the following criteria:
 - You are an ordained or commissioned minister in the Stone-Campbell tradition with standing;
 - You have attained age 65 or older;
 - You have retired from active ministry;
 - You are not (and have never been) a member of the Pension Plan of the Pension Fund of the Christian Church; and
 - You and your spouse, if applicable, have a total annual income equal to or less than 200% of the federal poverty guideline for one or two persons, as applicable.

You are also eligible for assistance under the Ministerial Relief Program if you are the surviving spouse of an individual who satisfied all of the above criteria, you have attained age 65, and you are not remarried.

- Supplemental Gift.** You are eligible for assistance under the Supplemental Gift Program if you satisfy all of the following criteria:
 - You are a member of the Pension Plan of the Pension Fund of the Christian Church;
 - You have commenced Pension Plan benefits;
 - You have attained age 65 or older;
 - You have participated in the Pension Plan as an active employee for five or more years if you are a minister and for ten or more years if you are a lay employee, and you have never received a refund from the Pension Plan;
 - You retired from active status or became disabled while in active status, either of which may have occurred prior to your 65th birthday; and
 - You and your spouse, if applicable, have a total annual income equal to or less than 200% of the federal poverty guideline for one or two persons, as applicable.

You are also eligible for assistance under the Supplemental Gift Program if you are the surviving spouse of an individual who satisfied all of the above criteria, you have attained age 65, and you are not remarried.

- Emergency Aid.** You are eligible for assistance under the Emergency Aid Grant Program if you are an ordained or commissioned minister in the Stone-Campbell tradition with standing, whether active or retired.

III. APPLICANT INFORMATION

Applicant is (*check one only*): Minister Lay Employee Surviving Spouse

Complete the following information, as applicable:

Name _____ Member Ref. No. _____

Home Address _____

City _____ State _____ Country _____ Zip _____ - _____

Daytime Phone (____) _____ E-Mail Address _____

Social Security No./ITIN ____-____-____ Date of Birth ____/____/____

Ordination or Commissioned/Licensed Date ____/____/____

Applicant is (check one only): Retired on ____/____/____ Employed; complete the following:

Employer _____

Employer Address _____

Position/Title _____

If applicant is the surviving spouse of an eligible minister or lay employee, complete this section with information regarding the minister or lay employee, if applicable.

Member Name _____ Member Ref. No. _____

Social Security No./ITIN ____-____-____ Date of Birth ____/____/____

Member's Ordination or Commissioned/Licensed Date ____/____/____

IV. APPLICANT'S FAMILY INFORMATION

Marital Status: Single Married; if married, enter date of marriage ____/____/____

Spouse Name _____

Spouse Social Security No./ITIN ____-____-____ Spouse Date of Birth ____/____/____

Spouse is (check one only): Retired on ____/____/____ Employed; complete the following:

Employer _____

Employer Address _____

Position/Title _____

Minor Children:

Child Name _____ Date of Birth ____/____/____

V. FINANCIAL INFORMATION

A. MINISTERIAL RELIEF PROGRAM AND SUPPLEMENTAL GIFT PROGRAM

If you are applying for assistance under the Ministerial Relief Program or Supplemental Gift Program, complete this Part A. **You must also submit a copy of your most recent Income Tax Return (Form 1040) and if you are married filing separately, a copy of your spouse's most recent Income Tax Return (Form 1040).**

Have you met with any financial advisors/counselors to address plans for meeting your needs long term? Yes No

If yes, who did you meet with? _____

B. EMERGENCY AID GRANT PROGRAM

If you are applying for assistance under the Emergency Aid Grant Program, complete this Part B. **You must also submit a copy of your most recent Income Tax Return (Form 1040), as well as written substantiation of the need, such as unpaid bills, explanation of benefits, or other documentation verifying the expense and that it has not been paid.**

Indicate the type of expenses for which you are requesting an Emergency Aid Grant (check one only):

Unforeseen medical expenses resulting from events beyond your control, and which would result in severe financial hardship if you do not receive a grant

Transition expenses

Expenses for other extenuating circumstances (e.g., funeral, legal, educational): _____

Briefly describe the need, the situation that created the need, and how quickly the need must be satisfied: _____

What amount of assistance is required to meet the need? \$ _____

Have you applied to any other private or public organization for assistance with meeting this need? Yes No

If yes, please name the organization(s): _____

Are you unable to satisfy the need from any other available resources, including any available benefits under the Tax-Deferred Retirement Account (TDRA), Pension Fund IRAs, and Benefit Accumulation Account? Yes No

Have you met with any financial advisors/counselors to address plans for meeting your needs long term? Yes No

If yes, who did you meet with? _____

If you are applying for an Emergency Aid Grant for unforeseen medical expenses, please complete the following questions:

Are you covered by a health insurance plan? Yes No

If yes, has your health insurance plan denied coverage for these expenses? Yes No

If yes, please explain the basis of denial (coverage limits, services not covered, etc.): _____

C. ALL APPLICANTS MUST COMPLETE THIS SECTION

MONTHLY INCOME	APPLICANT	SPOUSE
Salary	\$	\$
Pension income from all employment	\$	\$
401(a), 401(k), 403(b), or IRA income	\$	\$
Social Security/Railroad Retirement income	\$	\$
Income from investments	\$	\$
Annuities	\$	\$
Other income (rental income, welfare, assistance grants, honoraria, etc.)	\$	\$
TOTAL	\$	\$
MONTHLY EXPENSES	HOUSEHOLD	
Housing (rent or mortgage)	\$	
Utilities (electricity, fuel, water/sewer, phone/internet)	\$	
Food	\$	
Transportation (car payment, gasoline, maintenance, bus/subway, etc.)	\$	
Insurance premiums (home, automobile, health, life, etc.)	\$	
Credit card payments	\$	
TOTAL	\$	
ASSETS	APPLICANT	SPOUSE
BANK ACCOUNTS (checking, savings, etc.)	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:

IRAs, MONEY MARKET	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
RETIREMENT (401(a), 401(k), 403(b), 401(a), 457 accounts)	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
	\$ Account type:	\$ Account type:
DEFINED BENEFIT PLAN (e.g. Pension Plan) (enter annual pension benefit)	\$ Plan name:	\$ Plan name:
	\$ Plan name:	\$ Plan name:
	\$ Plan name:	\$ Plan name:
REAL ESTATE (home, land, rental, etc.)	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
OTHER ASSETS (automobiles, non-retirement brokerage accounts, etc.)	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
TOTAL	\$	\$
LIABILITIES	APPLICANT	SPOUSE
MORTGAGES	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
LOANS (student, line of credit, automobile, etc.)	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
	\$ Type:	\$ Type:
CREDIT CARDS	\$ Name of card	\$ Name of card
	\$ Name of card:	\$ Name of card:
	\$ Name of card	\$ Name of card
	\$ Name of card:	\$ Name of card:
OTHER	\$ Describe:	\$ Describe:
TOTAL	\$	\$

VI. EMPLOYMENT INFORMATION

List your current and two previous employers. If you are retired, list the last three churches you served.

1. Current/Former Employer Name _____
Address _____

2. Former Employer Name _____
Address _____

3. Former Employer Name _____
Address _____

If retired, please list three references who are aware of your financial circumstances:

1. Name _____
Address _____

2. Name _____
Address _____

3. Name _____
Address _____

VII. SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information set forth in this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information set forth in this Application.
- If I am applying for assistance under the Ministerial Relief Program or Supplemental Gift Program, I have enclosed a copy of my (and, if applicable, my spouse's) most recent Income Tax Return (Form 1040) with this Application.
- If I am applying for assistance under the Emergency Aid Grant Program, I certify that I have no other available resources to satisfy the need and I have enclosed a copy of substantiating documentation of my need.
- I understand that if I am granted assistance under the Ministerial Relief Program or Supplemental Gift Program, Pension Fund will send me an annual survey to evaluate my need for continuing assistance, and that failure to return the annual survey may result in termination of assistance under these programs.
- I understand that my participation in the Ministerial Relief Program is completely voluntary and that I may terminate my participation at any time. I further understand that the Ministerial Relief Committee is responsible for determining my eligibility for, and the amount of assistance granted under, the Ministerial Relief Program, in its sole and absolute discretion.

Applicant Signature: _____ Date ____/____/____

Pension Fund of the Christian Church
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For Office Use Only:
Assistance Type _____ Amount \$ _____ per _____
Effective Date ____/____/____ Termination Date (if applicable) ____/____/____
APPROVED BY MINISTERIAL RELIEF COMMITTEE MEMBERS:
Member Signature _____ Member Signature _____
Print Name _____ Print Name _____
Date ____/____/____ Date ____/____/____