



19 East 34th Street
 New York, NY 10016
 www.cpg.org

Clergy Participant Change Form

Please complete church name, address and participant name plus indicate all changes desired for an individual participant per form. Sign and return completed form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016**. If you have any questions, call us at **(866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET** (excluding holidays).

Employer Information

Church Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
Plan DB RSVP _____ Division/Source Code _____

Please complete one form for each participant for whom you are making changes.

Participant Information

Name _____
 Social Security # _____ Date of Birth _____

Include a copy of birth certificate, driver's license or passport for name and date of birth verification.

Employment Status

Termination Retired Ineligible Inactive Re-active Effective Date _____

Salary Change

Base Salary (annual amount) \$ _____ Effective Date _____
 Utilities \$ _____ Social Security Tax Reimbursements \$ _____
 ER Paid Tuition for Dependents \$ _____ ER Paid 403(b) Contribution \$ _____
 Other Taxable Income \$ _____ Housing Equity Allowance \$ _____
Cash Housing Allowance Yes No **Meals** Yes No

One-Time Payments

Bonus \$ _____ Effective Date _____
 Severance \$ _____ Effective Date _____
 Overtime \$ _____ Effective Date _____
 Special Service Fees \$ _____

Name or Marital Status Change

Name Changed to: _____ Effective Date _____
 Social Security # _____ **Gender** Male Female
 Single Married Divorced Widowed

Please submit supporting documentation (marriage certificate, divorce decree or death certificate) for the changes made above. Please note that the supporting documentation is required for the sole purpose of verifying the marriage, divorce or death and not for any other reason.

Participant Address or Email Change

Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email _____

Signatures

Employee Signature _____ Date _____
 Employer Signature _____ Date _____
 Title _____