



# Notice of Change of Status and/or Compensation

***This form must be completed for the Free Methodist Church Pension Plan.***

1. Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Current Conference Name \_\_\_\_\_ Conference # \_\_\_\_\_  
Current Church \_\_\_\_\_ Church # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **Change Effective Date** \_\_\_\_\_ ***(This is very important!)***

4. New Conference Name \_\_\_\_\_ Conference # \_\_\_\_\_  
New Church \_\_\_\_\_ Church # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(Please list your personal address if not appointed to a church.)*

5.  First-time pastoral appointment  Retirement  
 Discontinued from pastoral appointment  Leave of absence  
 Change in compensation (*salary and/or housing*)  Transfer to new church  
 Transfer to another conference (New conference \_\_\_\_\_)

**Salary** \$ \_\_\_\_\_ per \_\_\_\_\_  
**Housing** \$ \_\_\_\_\_ per \_\_\_\_\_ (*housing allowance -or- fair rental value + utilities*)  
***(Even if one or both of the above has not changed, please list for confirmation purposes.)***

6. Other information that would help us better understand your situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Signatures Pastor \_\_\_\_\_  
Conference Official \_\_\_\_\_

8. Please submit form to: ● *World Ministries Center - Human Resources*  
*P.O. Box 535002, Indianapolis, IN 46253-5002 (fax: 317-244-1503)*  
● *Your Conference Office*

❖ ***Submission deadline is 30 days from date of status change*** ❖