

**MINISTERIAL RETIREMENT  
APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ D.O.B. \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ DATE OF ORDINATION \_\_\_\_\_

CONFERENCE \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

Do you currently participate in a retirement plan? \_\_\_\_\_ Please Describe \_\_\_\_\_

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

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**ATTACHED**

\_\_\_\_ 1) Beneficiary Designation

\_\_\_\_ 2) Housing Resolution

\_\_\_\_ 3) Matching Contributions Agreement

\_\_\_\_ 4) Salary Reduction Agreement

\_\_\_\_ 5) Investment Option Form

I hereby certify that I am a duly ordained minister and a member in good standing with the conference listed above. I hereby apply for membership in the Tax-Sheltered Annuity Plan of the Ministerial Retirement System of the Convention of Original Free Will Baptist. I agree to abide by the rules and regulations set forth in the plan and I further understand that the Plan may be amended by the Board of Directors of the Minister's Program to qualify under the United States Tax Code as a qualified retirement plan.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_