

**INSTRUCTIONAL SHEET
FOR
MOVING PASTORS**

Please read the following materials today and mail as soon as possible. Below you will find instructions on completing your forms.

PLEASE RESPOND ACCORDINGLY! DO NOT UNSTAPLE PACKET!

FORMS for COMPLETION:

I. CLERGY PLAN COMPENSATION FORM

Line one: This information is available from your DS or appointment letter.

Line two: Fill in appropriate blanks.

For salary breakdown, use your best estimate at this time. If your breakdown changes when you arrive at your appointment, that is okay. It can be reported to us later. We must have the attached salary breakdown sheet in order to record your appointment at the GBOPHB. They will record you as NO RECORD OF APPOINTMENT without the salary information. (No contributions without completed paperwork.)

Line three: Federal Taxable income. Line 1 minus 2a - g.

Line four: Choose either parsonage or housing in lieu of parsonage. If you do not have either, then check line 4c.

Line five: To be calculated by the Conference.

Line six: To be calculated by Conference.

Line seven: Please sign and date.

II. CHANGE OF ADDRESS FORM

This form is necessary to notify the General Board of Pension, Primary PhysicianCare, Standard Life and Treasury Services of your new address.

IMPORTANT THINGS TO REMEMBER:

- Sign and date all forms were applicable.
- SEND ALL forms within 30 days of your appointment.

**WESTERN NORTH CAROLINA CONFERENCE
THE UNITED METHODIST CHURCH**

MOVING PASTOR CHECKLIST

SEND THE FOLLOWING FORMS TO THE CONFERENCE OFFICE:

- CLERGY PLAN COMPENSATION FORM
- CHANGE OF ADDRESS FORM

SEND THIS FORM or FAX FORM TO:

**GENERAL BOARD OF PENSION AND HEALTH BENEFITS
1201 DAVIS STREET
EVANSTON, IL 60201**

FAX: 847.866.5195

- BILLING CHANGE REQUEST FOR UMPIP (*United Methodist Personal Investment Plan*)

KEEP THESE FORMS FOR YOUR RECORDS:

- GBOPHB BEFORE-TAX AND AFTER-TAX CONTRIBUTIONS AGREEMENT
- COPY OF CLERGY PLAN COMPENSATION FORM