

## **COVENANT MINISTER UPDATE FORM**

THE EVANGELICAL COVENANT CHURCH

BEGIN PENSION BILLI	NG CHANGE OF ADDRESS	CHANGE OF CALL	STOP PENSION BILLI	NG
Participant Name			CHECK ONE	MALE FEMAL
	FIRST / MIDDLE / LAS	Г		
SOCIAL SI	ECURITY #			
ADDRESS				
		STREET		
CITY		STATE/PROVINCE		ZIP
PHONE DATE	OF BIRTH	EMAIL		
am currently active in				
Covenant Pension Trust		GuideStone 403(b)9		
Covenant Pension Trust, but would li my benefit and begin receiving contr (please complete and return the Free	ibutions to a 403(b)9	informatio	cirement plan, please n regarding the 403(b	
Moving from				
CHURCH NAME	ENDING DATE			
ADDRESS		STREET		
CITY		STATE/PROVINCE		ZIP
Moving to				
CHURCH NAME			_ STARTING DATE	
EMAIL	COVENA	NT CHURCH YES N	o PHONE	
ADDRESS		STREET		
CITY		STATE/PROVINCE		ZIP
POSITION (check one)				
PASTOR ASSOCIATE PASTOR	MINISTER OF VISITATION	YOUTH MINISTER	MISSIONARY	
MINISTER OF CHRISTIAN EDUCATION	OTHER			
COVENANT STANDING (check one)				
ORDAINED COMMISSIONED	LICENSED, CURRENTLY HOLD			LICENSE
OTHER DENOMINATION				