Covenant Pension Plan
NOTIFICATION OF RETIREMENT
Form F

This form provides for notification to the Covenant Pension Department of date of retirement (conclusion of employment) for those pastors/missionaries who continued to work beyond age 65.

Your pension benefits will be recalculated as of your date of employment termination and the increase reflected in the first payment following the date of receipt of this form.

Name of pensioner_____ _____ _____
last first middle

Address_____ _____ _____ _____
street city state zip

Phone #_____ Email_____

I will conclude employment at _____ on _____
(name of church or organization) (date)

Payments from my employer into the Covenant Pension Plan on my behalf are ☐paid to date ☐still outstanding.

Signed_____

For pension department use:

Date completed form received_____