



19 East 34th Street  
 New York, NY 10016  
 www.cpg.org

## Lay Participant Change Form

Please complete church name, address and participant name plus indicate all changes desired for an individual participant per form. Sign and return completed form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016**. If you have any questions, call us at **(866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET** (excluding holidays).

### Employer Information

Church Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
**Plan** DB DC RSVP Division/Source Code \_\_\_\_\_

*Please complete one form for each participant for whom you are making changes.*

### Participant Information

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Include a copy of birth certificate, driver's license or passport for name and date of birth verification.*

### Employment Status

Termination Retired Ineligible Inactive Re-active Effective Date \_\_\_\_\_

### Salary Change

Base Salary (annual amount) \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
**Housing** Yes No **Meals** Yes No Utilities \$ \_\_\_\_\_

### One-Time Payments

Bonus \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Severance \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Overtime \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Special Service Fees \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

### Name or Marital Status Change

Name Changed to: \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Social Security # \_\_\_\_\_ **Gender** Male Female  
 Single Married Divorced Widowed

### Participant Address or Email Change

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Signatures

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

*Employer's authorized signature required on form.*