

## Report of Change In Your Compensation or Duties

Complete this form if your compensation or duties change. Accurate information is essential in calculating assessments and subsequent retirement benefits for you and your family, so inform us of any changes as soon as possible. *Retroactive changes in your compensation and assessments due can be made only for the two years immediately preceding the current year, unless unusual circumstances apply.*

How to Complete This Form
<p>Please provide or correct the following information for all changes in your compensation or duties. Even if your compensation in a category has not changed, include that amount anyway. For example, if your cash salary increases but your utility allowance remains the same, make sure to include the utility allowance anyway.</p> <ol style="list-style-type: none"> <li>1. The church unit that is the source of your compensation, its location, and the title of any new duties.</li> <li>2. Your cash stipend. Include any salary reduction used to fund an annuity, TSA, 403(b) plan, or RSVP. Also include bonuses, one-time cash payments, and tuition paid for your dependents.</li> <li>3. Social Security payments given to you to offset your cost for self-employment taxes in accordance with SECA.</li> <li>4. Amounts you receive for utilities (including fuel, gas, basic cable, basic telephone, electric, etc.), or which are paid for you.</li> <li>5. Indicate whether or not housing is provided. This is important for us to know in calculating the total compensation on which your assessment is based.</li> <li>6. Your housing allowance.               <ul style="list-style-type: none"> <li>• <i>If your housing is provided rent-free</i>, check Y. For pension purposes, your housing allowance will then be assumed to be 30% of the total of your cash stipend, Social Security and utilities.</li> <li>• <i>If both housing and meals are provided free-of-charge</i>, your housing allowance will be assumed to be 40% of your cash stipend, Social Security and utilities.</li> <li>• <i>If you receive an actual cash or equity housing allowance</i>, provide the actual amount. Effective January 1, 2006, the actual cash and equity housing amount will be used.</li> <li>• <i>If your housing is provided rent free and you also receive a cash housing allowance or housing equity allowance</i>, check Y and also give the amount of the cash housing allowance or housing equity allowance. For pension purposes, your housing will then be assumed to be 30% of your cash stipend, Social Security and utilities. In addition, the cash housing allowance or housing equity allowance will be included.</li> <li>• <i>If you receive compensation from more than one church or church-related unit, but only one provides housing</i>, both/all are assessed for a proportionate share of your housing.</li> </ul> </li> <li>7. The effective date of the change, which is the date your new compensation began or will begin.</li> </ol> <p>Do not include insurance premiums, auto allowances, travel expenses, and continuing education in your compensation. <i>Show all amounts on an annual basis.</i></p>

New Compensation or Duties						
Church Unit, Location, New Duties	Cash Stipend/Yr.	Social Security/Yr.	Utilities/Yr	Housing Provided?		Effective Date
1. _____ _____	_____	_____	_____	_____	If N, Cash Housing Allowance or Housing Equity Allowance/Yr \$ _____ (Y or N)	_____
_____	_____	_____	_____	_____	If Y, Cash Housing Allowance or Housing Equity Allowance/Yr \$ _____	_____
2. _____ _____	_____	_____	_____	_____	If N, Cash Housing Allowance or Housing Equity Allowance/Yr \$ _____ (Y or N)	_____
_____	_____	_____	_____	_____	If Y, Cash Housing Allowance or Housing Equity Allowance/Yr \$ _____	_____

If you resigned your previous duties, please indicate the date: \_\_\_\_\_

Please sign, date, and return this form to Pension Services, The Church Pension Fund, 445 Fifth Avenue, New York, NY 10016. We strongly recommend that a representative from the Church also review and sign this form. If you have any questions, call us at 866-802-6333.

\_\_\_\_\_  
Clergy Name (please print)

\_\_\_\_\_  
Your Diocese

\_\_\_\_\_  
Clergy Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Church Representative Signature

\_\_\_\_\_  
Date