



AFRICAN METHODIST EPISCOPAL CHURCH

DEPARTMENT OF RETIREMENT SERVICES



ENROLLMENT APPLICATION

INSTRUCTIONS

PLEASE TYPE OR PRINT

After completing the form, make a copy for your records,
then forward the original to:
AMEC Department of Retirement Services
P. O. Box 1857
Memphis, TN 38101-1857

This document is our **OFFICIAL ENROLLMENT FORM** for participation in the retirement annuity investment plan of the African Methodist Episcopal church and will become a **PERMANENT** part of your account file information. When completing this form **PLEASE WRITE LEGIBLY**. All illegible forms received will be returned for correction and your enrollment will be delayed.

Participant Legal Full Name		*Social Security Number		*Date of Birth		*Age	
				Month	Day	Year	
Mailing Address		City		State		Zip	
Home Telephone		Mobile Number		Email Address		US Citizen	
						Yes	No
						Yes	No
*Birth Place		Mother's Maiden Name		*High School Name		*Marital Status	
						Single	Married
						Male	Female
Spouse Name		Spouse Social Security Number		Spouse Date of Birth			
				Month	Day	Year	
Beneficiary Full Name		Relationship		Beneficiary Social Security #		Beneficiary Date of Birth	
						Month	Day
						Year	
Beneficiary Address:						Telephone	

Classification (Please Check One)

☐ Bishop ☐ General Officer ☐ Presiding Elder ☐ Church Pastor ☐ Connectional Lay Employee
☐ Deacon ☐ Local/Supply ☐ Church Lay Employee* ☐ Active Minister (Not Pastoring)

*Must be employed full time (20 Hours per Week Minimum). Official written confirmation is required. Not eligible to participate in Group Life Insurance Plan

Church Name		Church Telephone Number		Church Fax Number	
Church Address		City		State	
*Date of Hire		*Annual Salary		*Episcopal District	
Month	Day	Year	\$		

***Annual Conference:** _____ ***Presiding Elder District:** _____

***Presiding Elder Name:** _____

***Participant Signature:** _____ ***Date:** _____

*These items are required and must be included in order for application to be processed.

This form must be completed and returned to this Department to constitute your official eligibility to participate in the AMEC Retirement Annuity Plan(s).

Telephone: 901-527-2006
800-992-6327

Fax: 901-527-2007
800-992-5285

Form E102009-1