



THE CORPORATION

for the Relief of the Widows and Children of the Clergy
of the Protestant Episcopal Church in Maryland

Member Information and Beneficiary Designation Request (PLEASE PRINT)

Name: _____
First Middle Maiden Last

Social Security Number: _____ Gender _____ Date of Birth: _____

Place of Birth: City: _____ State _____ Country _____

Residence Address: _____
Street City State Zip

Business Name: _____ Business Phone: _____

Business Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____ Email Address: _____

Seminary Attended: _____ Dates Attended: _____

Date of Ordination: _____ Diocese: _____ Current Canonical Residence _____

Marital Status: _____ Emergency Contact Person and Phone: _____

Beneficiary Name: _____ Gender: _____
(if married, must be spouse) *First Middle Maiden Last*
If not spouse, please describe relationship on the reverse and indicate gender

Social Security Number: _____ Date of Birth: _____ Date of Marriage: _____

Beneficiary Address: _____
Street City State Zip

Telephone: Home: _____ Mobile: _____ Email Address: _____

(continued on back)

In some circumstances, adult children of members can be designated a beneficiary. In this case, they are considered *secondary* beneficiaries, and will be eligible to apply for gratuities. They will not, however, be

eligible for annuities. A good guideline for whether an adult child can be a secondary beneficiary: *can I claim him/her/them as a dependent on my tax return?* If you have any questions about whether you can claim your child as a dependent, please feel free to call The Corporation at 410-467-1399 ext. 1362, or email admin@episcopalcorporation.org

Please describe circumstances which may require lifelong assistance from The Corporation. OR
I wish to inform the Board of Managers that the following individual or individuals are, at this time economically dependent upon me, and at the time of my death, I ask that they be designated a Beneficiary.

Children:

Full Name: _____

Social Security Number: _____ Gender: _____ Date of Birth: _____

Full Name: _____

Social Security Number: _____ Gender: _____ Date of Birth: _____

Note: I.R.S. regulations require that we cannot grant an annuity without having the social security number of the recipient.

Full Name: _____

Social Security Number: _____ Gender: _____ Date of Birth: _____

Signed: _____
Member

Date: _____

If you wish to give us additional information to clarify a proposed beneficiary's situation, please describe below: