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 or
Next of kin 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: _____

☐ Check here if information is for **next of kin**

(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 because of a disability?* 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

Note that any request to make an adult child a secondary beneficiary requires a description of the circumstances which may necessitate support from The Corporation, along with a documented diagnosis. .

Children:

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: _____ ____ _____

Full Name: _____

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

Signed: _____ Date: _____
Member

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