



Pension Services
445 Fifth Avenue
New York, NY 10016
866-802-6333

To ensure that our records are current and that, in the future, we can calculate retirement benefits for you and your family correctly, please complete the New Assignment Notice and return it to us as soon as possible. Please be sure that the form is signed by you and a representative of all churches or church-related units that provide compensation. As you complete the form, the following definitions may be helpful:

- ◇ *Source*: The church (or church-related unit) that pays any or all of your compensation. Include the full name and mailing address.
- ◇ *Effective Date*: This is the beginning date for your compensation in your new assignment.
- ◇ *Cash Stipend*: Salary, bonuses, one-time cash payments, tuition paid for your dependents, and any salary reduction used to fund an annuity, TSA, 403(b) plan, or RSVP.
- ◇ *Social Security*: Any payments given to you to offset your cost for self-employment taxes in accordance with SECA.
- ◇ *Utilities*: Amounts you receive for utilities (including fuel, gas, electric, etc.), or which are paid for you.
- ◇ *If your housing is provided rent-free*, check Y. For pension purposes, your housing allowance will then be assumed at 30% of the total of your cash stipend, Social Security, and utilities.
- ◇ *If both housing and meals are provided free-of-charge*, your housing allowance will then be assumed at 40% of your cash stipend, Social Security and utilities.
- ◇ *If you receive an actual housing allowance or a housing equity allowance*, provide the actual amount. For pension purposes, effective January 1, 2006, the actual cash and housing equity amount will be used.
- ◇ *If your housing is provided rent free and in addition you also receive a cash housing allowance or housing equity allowance*, check Y and also give the amount of the cash housing allowance or housing equity allowance. For pension purposes, your housing allowance will then be assumed at 30% of the total of your cash stipend, Social Security, and utilities. Then, the cash housing allowance or housing equity allowance is added.
- ◇ *If you receive compensation from more than one church or church-related unit, but only one provides housing*, both/all are assessed for a proportionate share of your housing.

If you have any questions, please call us at 866-802-6333. We wish you every success in your new position.



CHURCH

445 Fifth Avenue
New York, NY 10016
866-802-6333

New Assignment Notice

The Church
Pension Fund

When you begin a new assignment, please sign and complete this form and return it to us as soon as possible. Representatives of all churches or church-related units that provide compensation should also sign it. Retirement benefits for you and your family are based on the information we have about the amount of your compensation, so it is important that we have accurate, up-to-date information. Return this form to The Church Pension Fund, 445 Fifth Avenue, New York, NY 10016. If you have any questions, call us at 866-802-6333.

Personal Information

Your Name			Your Phone		
Your Address – Street			Your Diocese (Canonical Residence)		
City	State	Zip	Email Address		
Your Previous Employer			Date Your Compensation Ended		

Your New Assignment

If you have more than one new source of employment, complete both sections. If you have more than two, make and complete an additional copy of this form. *List all amounts on an annual basis. For explanations of each category, see the accompanying letter.*

Source 1

Church or Church-related Unit Name					
Street Address		Your Title		Effective Date	
City	State	Zip	Phone	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Compensation (Per Year):					
\$	\$	\$	Y N	\$	
Cash Stipend	Social Security	Utilities	Housing Provided?	If N, Cash Housing Allowance	
Employer's Signature			Date		\$
					If Y, Additional Cash Housing Allowance

Source 2

Church or Church-Related Unit Name					
Street Address		Your Title		Effective Date	
City	State	Zip	Phone	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Compensation (Per Year):					
\$	\$	\$	Y N	\$	
Cash Stipend	Social Security	Utilities	Housing Provided?	If N, Cash Housing Allowance	
Employer's Signature			Date		\$
					If Y, Additional Cash Housing Allowance

Your Signature	Date	ID# (For CPF Use)
----------------	------	-------------------