



# CHURCH PENSION GROUP

*Serving the Episcopal Church and Its People*

**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*, provide the actual amount. For pension purposes your allowance will be assumed at your actual cash allowance or 30% of your cash stipend, Social Security and utilities, whichever is greater.
- ♦ *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.



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 Pension Services, 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			
_____			_____		
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 cover letter.*

**Source 1**

_____					
Church or Church-related Unit Name					
_____			_____		_____
Street Address			Your Title		Effective Date
_____	_____	_____	_____		<input type="checkbox"/> Full Time
City	State	Zip	Phone		<input type="checkbox"/> Part Time
Compensation ( <i>Per Year</i> ):					
\$ _____	\$ _____	\$ _____	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
_____	_____	_____	_____		<input type="checkbox"/> Full Time
City	State	Zip	Phone		<input type="checkbox"/> Part Time
Compensation ( <i>Per Year</i> ):					
\$ _____	\$ _____	\$ _____	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)