

# AFRICAN METHODIST EPISCOPAL ZION CHURCH ZION BENEFITS SERVICES Census Data & Beneficiary Designation Form

## **MINISTER'S (EMPLOYEE) INFORMATION**

Last Name		First Nan	пе			Middle Initial(s)	Suffix
SS#	Active	Retirement Date		D	Date of First Pastoral Appt		
DOB	Retired	Years as	AME Zion Pastor		м	F	
		rears as				·	
Street Address		City		Sta	ite	Zip Code	
Home Telephone #	Office Telephone #	•	Cell Telephone #		Ета	il Address	

## **BENEFICIARY DESIGNATION (attach additional sheets if necessary)**

#### **Primary Beneficiary 1**

Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth
Home Telephone #	Office Telephone #	Cell Telephone #	Relationship	% of Proceeds
Primary Beneficiary 2				
Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth

## Secondary (Contingent) Beneficiary 1

Secondary (containingent) beneficially 1			
First Name	Middle Initial(s)	Suffix	Social Security #
City	State	Zip Code	Date of Birth
Office Telephone #	Cell Telephone #	Relationship	% of Proceeds
) Beneficiary 2			I
First Name	Middle Initial(s)	Suffix	Social Security #
City	State	Zip Code	Date of Birth
Office Telephone #	Cell Telephone #	Relationship	% of Proceeds
	First Name City Office Telephone # Beneficiary 2 First Name City City	First Name       Middle Initial(s)         City       State         Office Telephone #       Cell Telephone #         Beneficiary 2       First Name         First Name       Middle Initial(s)         City       State	First Name       Middle Initial(s)       Suffix         City       State       Zip Code         Office Telephone #       Cell Telephone #       Relationship         Beneficiary 2       First Name       Middle Initial(s)       Suffix         City       State       Zip Code       Zip Code         Deneficiary 2       State       Zip Code         City       State       Zip Code

## **EMERGENCY CONTACT**

Name	Preferred Telephone #

#### SIGNATURE

Signature of Minister (Employee)	Date Signed
X	

*Mail: Zion Benefits Services*, PO Box 217114, *Charlotte*, *NC 28221/Fax: 704.714.1552* or Scan and Email: zbsassist@amezhqtr.org