



# AFRICAN METHODIST EPISCOPAL ZION CHURCH

## ZION BENEFITS SERVICES

### Census Data & Beneficiary Designation Form

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security: _____ Date of Birth: _____	<input type="checkbox"/> Active <input type="checkbox"/> Retired	Retirement Date: _____	The number of years served as an A.M.E. Zion Pastor: _____
Street Address:	City:	State:	Zip Code:
Home Telephone #:	Mobile Telephone #:	Email Address:	

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

##### **Primary Beneficiary #1**

Last Name:	First Name:	Middle Initial:	Relationship:	% of Proceeds
Home Telephone #:	Cell Phone #:	Work Phone:	Email Address:	

##### **Primary Beneficiary #2**

Last Name:	First Name:	Middle Initial:	Relationship:	% of Proceeds
Home Telephone #:	Cell Phone #:	Work Phone:	Email Address:	

##### **Contingent Beneficiary**

Last Name:	First Name:	Middle Initial:	Relationship:	% of Proceeds
Home Telephone #:	Cell Telephone #:	Work Phone:	Email Address:	

##### **Emergency Contact**

Last Name:	First Name:	Middle Initial:	Relationship:
Home Telephone #:	Home Telephone #:	Work Phone:	Email Address:

<b>Signature of Minister (Employee):</b>	<b>Date Signed:</b>
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**Mail to:** Zion Benefits Services, Inc.: P.O. Box 217114, Charlotte, NC 28221, or **Fax to:** 704-714-1552

**Scan and/or Email to:** [ZBSAssist@AMEZion.org](mailto:ZBSAssist@AMEZion.org)