

**North Georgia Conference Benefits Office**

**Pension Waiver Revocation  
Clergy Retirement Security Plan**

I hereby request revocation of my waiver of participation in the pension plan of the United Methodist Church. I understand that I will be enrolled in both the Defined Benefit (DB) and the Defined Contribution (DC) portions of the Clergy Retirement Security Plan (CRSP). I will be enrolled as of the first day of the month following receipt of this document by the North Georgia Conference Benefits Office. I understand that my church(es) will be billed on a monthly basis and are expected to maintain timely payments.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Print Name of Signature \_\_\_\_\_

Church Name \_\_\_\_\_

As pastor of more than 1 church I request benefits bill be split in the following manner:

Church Name \_\_\_\_\_ %

Church Name \_\_\_\_\_ %

Church Name \_\_\_\_\_ %

Church Name \_\_\_\_\_ %

Note: Per cent (%) must total 100%.