

**REQUEST FOR  
STATEMENT OF ESTIMATED BENEFITS**

Date \_\_\_\_\_

The Statement of Estimated Benefits will report projected monthly annuity, installment, and lump sum payment amounts based on stated assumptions.

Complete (please print clearly) and mail this form to the Board of Pensions, P.O. Box 2559, Anderson, IN 46018 or fax the form to (765) 642-3942. For multiple estimates you may obtain additional forms by calling (800) 844-8983, by photocopying this form, or by visiting the website at [www.cogpension.org](http://www.cogpension.org)

Are you presently a member of the Church of God Retirement Plan?

Yes       No, but I am eligible to participate in the Church of God Retirement Plan.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: -- month/day/year

Address: \_\_\_\_\_

Spouse's/Contingent  
Beneficiary's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(To be completed if a Joint and Survivor type annuity is to be estimated for you) month/day/year

For purposes of estimating my Church of God Retirement Plan benefits, please assume

A. that the value of my account, presently, is (check one):

- the current value per the Board of Pensions' records.  
 \$ \_\_\_\_\_

B. that my contribution amount will be \$ \_\_\_\_\_ per month and that the monthly contribution amount will (check one):

- not increase annually  
 increase annually by \_\_\_\_\_ %

C. that the earnings rate on my account, from now until benefit payments begin, will be an average annual return of \_\_\_\_\_%

Note: The requested rate of return assumption typically ranges from 4% to 8%

D. that my benefit payments will begin (specify an age or month and year)

- at age \_\_\_\_\_  
 \_\_\_\_\_ month \_\_\_\_\_ year

Daytime Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_ - \_\_\_\_\_