

Indiana Yearly Meeting of Friends Disbursing Board (Stewardship & Finance Committee)

Date _____

The Disbursing Board makes a small monthly payment to retired ministers, missionaries, and full-time Christian workers or spouse of same, who are in need of supplementary funds for living expenses.

In order that we may fully understand your situation, we need answers to the following questions and such other information as you feel we should have. The information you provide is confidential and known only to the members of the board.

I, _____, do hereby apply for payments based on the following:
(print full name)

I am a member of _____ Monthly Meeting in _____ Yearly Meeting.

Spouse is a member of _____ Monthly Meeting in _____ Yearly Meeting.

I have served the Society of Friends as a pastor _____, missionary _____, full-time Christian worker _____, spouse of the same _____, at:

Monthly Meeting	Yearly Meeting	Date (from-to)
_____	_____	_____
_____	_____	_____

(Additional information may be listed on the back of this sheet)

I was recorded a minister of the Gospel among Friends in 19__ in _____ Yearly Meeting.

Date of retirement: _____ Do you own your own home? ___ Yes ___ No

Do you expect / receive income from (*please include spouse's income*):

Social Security	___ Yes ___ No	If yes, amount \$ _____
FUM retirement	___ Yes ___ No	If yes, amount \$ _____
Other Yearly Meetings	___ Yes ___ No	If yes, amount \$ _____
Other retirement plans	___ Yes ___ No	If yes, amount \$ _____
Any other sources	___ Yes ___ No	If yes, amount \$ _____

Your birth date: ___ mo ___ day _____ year Social Security Number: ___ - ___ - ___

Your spouse's name: _____

Spouse's birth date: ___ mo ___ day _____ year Social Security Number: ___ - ___ - ___

Your current address: _____ Phone number: _____

Your signature: _____