

PASTOR Robert J. IrvineADDRESS 504 W. Chapel Hill Street Durham, NC 27701CHARGE Duke Memorial United Methodist Church

For Conference use only:

Conference # _____

Pension # _____

Charge # _____

PLEASE NOTE:

- Use total amount of cash income for salary paid to the pastor from all sources (local church, Equitable Compensation Fund, Duke Endowment, etc.). **Do not include utility or travel funds.** (Please indicate Utilities and Travel Funds in the box below.)
- If the charge does not provide a parsonage or housing allowance, Plan Compensation (Line 4) is the total cash income of the pastor without further computation.
- If the charge provides a parsonage, enter (on Line 2) 25% of the amount on Line 1.
- If the charge provides a cash Housing Allowance, **enter that amount** on Line 3 rather than taking 25% of Line 1.
- To be eligible to participate in the Comprehensive Protection Plan, a pastor must receive at least the minimum salary established by the Annual Conference for a full-time pastor.

PASTOR'S CASH INCOME (Salary only. **DO NOT** include utilities or travel \$ 39,736.00 (1)
Put these amounts in box at the end of this form.)

If a Parsonage is provided, add 25% of Line 1 \$ _____ (2)

OR If a Housing Allowance is provided, enter the actual amount of allowance \$ _____ (3)

PLAN COMPENSATION (Add Lines 1 through 3) \$ 39,736.00 (4)**CHARGE PORTION:**ALL PASTORS: MINISTERIAL PENSION PLAN (12% of Plan Compensation, Line 4) \$ 4,768.32 (5)
(Send 1/12 per month \$ _____ to General Board of Pension & Health Benefits.)ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 1,351.02 (6)

1. 3.4 % of the Denominational Average Compensation (3.4% X \$40,805 = \$1,387.37 per year or \$115.61 per month.)
2. 3.4 % of **your** Plan Compensation (see Line 4) is equal to \$ 1,351.02 per year or \$ 112.58 per month.
3. Enter on Line 6 the lesser of the two yearly amounts above.
4. Send 1/12 of the amount on Line 6 to the General Board of Pension & Health Benefits each month.

* NOTE: Your bill from Evanston will show 4.4% for CPP. They combine the charge's 3.4% with the pastor's 1% (lines 6 and 7).

PASTOR'S PORTION:ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 397.36 (7)
~~6,350.00~~

1. 1% of the Denominational Average Compensation (1% X \$40,805 = \$408.05 per year or \$34.00 per month.)
2. 1% of **your** Plan Compensation (See Line 4) equals \$ 397.36 per year or \$ 33.11 per month.
3. Enter on Line 7 the lesser of the two yearly amounts above.
4. Send 1/12 of the amount on Line 7 to the General Board of Pension & Health Benefits each month.

SEND ALL PAYMENTS IN ONE CHECK FROM THE CHARGE TO THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS. DO NOT SEND ANY MONEY UNTIL YOU HAVE RECEIVED A BILL FROM THE GENERAL BOARD.

GIVE TWO COPIES OF THIS WORK SHEET TO YOUR D.S. AT CHARGE CONFERENCE.

SIGNATURE

Robert J. Irvine

DATE:

10-5-00

Please furnish this Information for Conference use only. This does not enter into the Pension Computation in any way.

UTILITIES ALLOWANCE \$ 0TRAVEL FUNDS OR VOUCHER PLAN LIMITS \$ 0

SEE IMPORTANT INFORMATION ON BACK →

(side 2)

IMPORTANT INFORMATION ABOUT YOUR PERSONAL INVESTMENT PLAN:

The pastor must deal directly with the General Board of Pension and Health Benefits regarding the Personal Investment Plan (PIP). *The Conference Office DOES NOT enter this information or send it to Evanston.*

The following is **for your information** and for a guide to help you let your treasurer know how much to withhold from your salary to be sent to the General Board.

PERSONAL INVESTMENT PLAN:

(Although the Conference Board of Pensions recommends a minimum contribution of 3% of Plan Compensation, an individual may choose another percentage. There are maximum limits. For help in calculating these limits, contact the General Board of Pension and Health Benefits at 1-800-851-2201.)

■ Before Tax Contribution 3 % of Plan Compensation (Line 4) = \$ 1,192.08

■ After Tax Contribution _____ % of Plan Compensation (Line 4) = \$ _____

Your treasurer should send 1/12 of the amount of your contribution to PIP each month. DO NOT send anything until you have received a bill from Evanston!

{If the participant wants to enroll in one or both parts of the Personal Investment Plan (before tax and/or after tax) he or she needs to have an agreement form (to be kept by the participant and the church treasurer) and a billing request form to be sent to the General Board of Pension and Health Benefits, 1201 Davis Street, Evanston, IL 60201.}