



AFRICAN METHODIST EPISCOPAL ZION CHURCH
ZION BENEFITS SERVICES
Census Data & Beneficiary Designation Form

MINISTER'S (EMPLOYEE) INFORMATION

Last Name		First Name		Middle Initial(s)	Suffix
SS# _____	Active _____	Retirement Date _____	Date of First Pastoral Appt. _____		
DOB _____	Retired _____	Years as AME Zion Pastor _____	M _____	F _____	
Street Address		City	State	Zip Code	
Home Telephone #	Office Telephone #	Cell Telephone #	Email Address		

BENEFICIARY DESIGNATION (attach additional sheets if necessary)

Primary Beneficiary 1

Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth
Home Telephone #	Office Telephone #	Cell Telephone #	Relationship	% of Proceeds

Primary Beneficiary 2

Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth
Home Telephone #	Office Telephone #	Cell Telephone #	Relationship	% of Proceeds

Secondary (Contingent) Beneficiary 1

Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth
Home Telephone #	Office Telephone #	Cell Telephone #	Relationship	% of Proceeds

Secondary (Contingent) Beneficiary 2

Last Name	First Name	Middle Initial(s)	Suffix	Social Security #
Street Address	City	State	Zip Code	Date of Birth
Home Telephone #	Office Telephone #	Cell Telephone #	Relationship	% of Proceeds

EMERGENCY CONTACT

Name	Preferred Telephone #
------	-----------------------

SIGNATURE

Signature of Minister (Employee) X	Date Signed
---------------------------------------	-------------

Mail: Zion Benefits Services, PO Box 217114, Charlotte, NC 28221 / Fax: 704.714.1552
or Scan and Email: zbsassist@amezhqtr.org