

ACCOUNT # _____

DISTRICT: _____

Death Benevolence Program
Pentecostal Church of God
(Please Print)

Minister's Name _____
(Last, First, Middle Initial)

Social Security # -- Date of Birth / /

Sex M/F _____ Date of Credential / /

Spouse's Name _____
(Last, First, Middle Initial)

Social Security # -- Date of Birth / /

(If more than one, please list all primary beneficiaries on the back i. e. children, siblings, etc. Beneficiary – defined as the person(s) or organization you wish to leave funds to upon your death).

Beneficiary's Name _____
(Last, First, Middle Initial) or (Organization)

Social Security # -- Date of Birth / /

Address _____
(City, State, Zip)

Telephone # --

Date Signed / / Signature of Minister _____