





Change in Personal Information Form

Use this form to report:

- A new address, phone number or email
- A change in your marital status
- Birth, adoption, fostering, or legal guardianship of a child If you want to report a death, please call Client Services at (866) 802-6333 Monday – Friday 8:30AM – 8:00PM (excluding holidays).

Who should complete the form:

• Clerics or lay employees participating in a pension or retirement savings product sponsored by The Church Pension Fund

Your Personal Information	Name, address, and/or en	mail updated? Yes	No
Legal Name First	MI	Last	
Mailing Address Street			
City	State	ZIP	Country
Home Phone		Mobile Phone	
Email			
Social Security #/TIN # (last 4 digits	only)	Date of Birth	
Canonical Residence (if applicable)			
Marital Status Change repor Spouse's Legal Name First	ting Marriage Divo	orce Last	
Gender Male Female			
Social Security #/TIN #		Date of Birth	
Date of Marriage Date Divorce Finalized			
Children Change Birth Child's Legal Name First	Adoption Fostering	Legal Guardianship Last	
Gender Male Female			
Social Security #/TIN #			
Date of Birth	Date of Legal Adoption, Fostering, or Legal Guardianship		
If your child is or becomes disabled disability to us.	please contact Client Serv	ices at the number below a	at (866) 802-6333 to report his/her
Signature		Date	

Submit the completed and signed form with supporting documentation to:

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email the form to benefits@cpg.org

If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays). 04/2018