THE UNITED CHURCH OF CANADA – BAY OF QUINTE CONFERENCE
REQUEST OF MINISTRY PERSONNEL FOR RETIREMENT

This form is to be used by Ministry Personnel, Presbyteries and the Executive Secretary of Bay of Quinte Conference to record and monitor eligibility and requests for retirement. Please complete this form 6 months before requested retirement date.

MINISTRY PERSONNEL: _____

DATE OF BIRTH: _____ _____ _____
Day Month Year

CATEGORY OF ELIGIBILITY:
___ Ordained Minister ___ Diaconal Minister ___ Lay Pastoral Minister ___ Staff Associate

CONTACT ADDRESS:

Current Address: _____

_____

Phone: _____ **E-Mail** _____

Address After Retirement (if different than above)

_____

_____

Phone: _____ **E-Mail** _____

REQUEST BY MINISTRY PERSONNEL FOR RETIREMENT

I request _____Presbytery to approve my retirement from active ministry effective (date) _____, and to recommend my retirement to Bay of Quinte Conference for action. Please recognize my retirement at the (year) _____ Conference Annual Meeting.

I am aware that I am required to inform the Pensions and Group Insurance department of The United Church of Canada at 1-888-657-4607.

_____ _____
Signature Date

PRESBYTERY ACTION

Having met the requirements of *The Manual*, Sections 046 and 365, _____
Presbytery, by motion on (date) _____ approved/denied the request for retirement as indicated above and recommends approval/denial to Bay of Quinte Conference.

_____ _____
Signature: Presbytery Secretary Date

CONFERENCE ACTION

Assured that *The Manual* Sections 046 and 365 have been met, Bay of Quinte Conference Executive by motion of (date) _____ approved/denied the request for retirement of _____ to be effective (date) _____.

_____ _____ _____
Signature Position Date