**ELCA REtIREMEnt PLAn**

**Acknowledgment of Retirement**

**Member Information**

**A**

**Complete Section A and give the form to your synod bishop (if a pastor or rostered layperson) or your employer (if a lay employee) to sign. Your retirement is not considered complete until this signed form is on file with Portico Benefit Services.**

1. **Personal information** Rev Mr Mrs Ms

XXX– XX–

Legal Name (First)

MI

Last

Social Security Number

**Instructions for Bishop or Employer**

**B**

The member indicated in Section A has applied for retirement benefits under the ELCA Pension and Other Benefits Program. Please complete Section C or D, as appropriate, and return this form to Portico Benefit Services.

The effective date of retirement must be the first of the month following the last day of service (including accrued vacation).

**Signature of Synod Bishop (**Complete if member is a pastor or rostered layperson.**)**

I acknowledge the member named on this form will be retiring or has retired effective

/ 01 /

Date (MM/DD/yyyy)

Signature of Synod Bishop (**Required for Pastor or Rostered Layperson**)

Date (MM/DD/yyyy)

**C**

Name of Synod (**Required**)

**Signature of Employer (**Complete if member is a lay employee.**)**

I acknowledge the member named on this form will be retiring or has retired effective / 01 /

Date (MM/DD/yyyy)

Signature of Employer Representative (**Required for for Lay Employee**)

Date (MM/DD/yyyy)

**D**

Name of Employing Organization (**Required**)

# Return this completed form to the Portico Service Center. Incomplete or illegible forms may be returned.

Portico Benefit Services

800 Marquette Ave., Ste. 1050

Minneapolis, MN 55402-2892

800.352.2876 / 612.333.7651

F 612.334.5399

*mail@PorticoBenefits.org*[*www.PorticoBenefits.org*](http://www.PorticoBenefits.org/)

 

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