

**ASSEMBLIES OF GOD, GHANA MINISTERS' PENSION SCHEME  
CONFIRMATION OF RETIREMENT OR DEATH  
FORM**

**FROM:**

**NAME OF REGION:** .....**DATE:**...../...../20.....

**TO:**

**THE NATIONAL ADMINISTRATOR  
ASSEMBLIES OF GOD, GHANA  
MINISTERS' PENSION SCHEME**

**1. NAME OF PASTOR/WIFE WHO IS**

a. a) RETIRING  b) DEAD

b. REV. / MRS.....

**2. CATEGORY OF PASTOR** a) FULL TIME  b) TENT MINISTER  c) RETIRED

**3. STATION**.....

**4. DATE OF** a) RETIREMENT...../...../.....

b) DEATH...../...../.....

**5. YEAR OF APPOINTMENT**.....

**6. DID SHE/HE EVER BREAK SERVICE?** a) YES  b) NO

**IF YES, FROM:** ...../...../..... **TO:** ...../...../.....

**7. WAS S/HE A REGULAR CONTRIBUTOR TO THE ANNUAL OPERATIONS LEVY?**

YES  NO

**8. WAS S/HE A REGULAR CONTRIBUTOR OF THE PASTORS' WELFARE DUES?**

YES  NO

**9. WHEN WAS HIS/HER LAST PAYMENT OF THE PASTORS' WELFARE DUES?** ...../...../.....

**10. IS HIS/HER LOCAL CHURCH CAPABLE OF PAYING A MONTHLY PENSION SUPPORT TO THE RETIREE?**

YES  NO

**11. IS THERE ANY OTHER INFORMATION WORTH SHARING WITH THE SHCEME?**

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**PREPARED BY:** .....

**(DISTRICT PASTOR)**

**CERTIFIED BY:** .....

**(REGIONAL SUPERINTENDENT)**

**NOTE:**

**1. IN THE CASE OF RETIREMENT THIS FORM IS TO REACH THE NATIONAL ADMINISTRATOR OF THE MPS, AT LEAST ONE MONTH BEFORE THE DATE OF RETIREMENT.**

**2. IN THE CASE OF DEATH, IT MUST BE AT LEAST TWO WEEKS BEFORE THE MEMORIAL SERVICE.**