



# Ministry Memorial Fund

## Western North Carolina Church of God

The Western North Carolina Church of God Ministry Memorial Fund is a voluntary program for ministers and spouses. The Ministry Memorial Fund program was created by Western North Carolina ministers as an affordable means of assisting families during the time of a loved one's passing. The fund is designed to be a voluntary collective of credentialed ministers and spouses who agree to donate \$5.00 when a participant death occurs. The purpose is to provide immediate financial assistance to a designated beneficiary in the amount of \$1,100.00.

### Qualifications for Membership

1. Must be a credentialed Church of God minister or spouse of a credentialed minister. The credentialed minister must be reporting to the Western North Carolina Church of God State Office, or be a retired Western North Carolina Minister.
2. An initial enrollment fee of \$10.00 per person (\$20.00 per couple) must accompany the application.
3. Any employee of the Western North Carolina Church of God State Office or the Church of God Children's Home of NC are also eligible to enroll in the Ministry Memorial Fund.

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### Guidelines

Members will receive six notifications per year listing any participant deaths that have occurred during that time frame. A \$5.00 per death contribution is made by each Ministry Memorial Fund member for deaths that occurred in the time period.

The \$5.00 per death, per member, contribution must be returned to the State Office within thirty (30) days of notification in order to remain a member.

Any eligible individual enrolling shall not be eligible to receive death benefits until six (6) months after initial enrollment. Exceptions are newly credentialed ministers and their spouse who will be covered immediately upon enrollment.

A member who has enrolled in the program shall be permitted to continue in the program should they be transferred to another state.

In the event of the simultaneous death of a member and spouse, the benefit is to be disbursed to the estate for funeral expenses.

When a member fails to send the required \$5.00 per death contribution within the thirty (30) day time period, they will be notified in writing by the fund

administrator. Delinquency beyond sixty (60) days will result in termination of membership.

In the event a member drops out, he/she shall be required to pay contributions for the past six month period in order to be reinstated.

Periodically the State Council may be called upon to review the designated disbursement amount when program membership fluctuates significantly.

A minister's widow/widower will not be disqualified from the Ministry Memorial Fund Program if she/he should remarry a non-clergy, provided she/he remains otherwise qualified. The non-clergy spouse is not eligible for the Ministry Memorial Fund Program.

If a member of the Ministry Memorial Fund Program who is credentialed undergoes a suspension of credentials, he/she may continue as a member of the program provided he/she complies with all requirements of the suspension/restoration process.

All Ministry Memorial Fund disbursements are handled by the Western North Carolina Church of God State Office.

***Direct all Questions to the Western North Carolina Church of God State Office (704) 717-0506***

# Ministry Memorial FUND

Western North Carolina Church of God

## Member Enrollment and Beneficiary Information

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant for Enrollment: \_\_\_\_\_

Name of Credentialed Minister: \_\_\_\_\_

Ministerial File Number: \_\_\_\_\_

Name of Minister's Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Relationship to Enrollee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Executor Name (If different from Beneficiary): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Return Completed Form to:  
Funeral Fund

8600 William Ficklen Dr.

Charlotte, NC 28269

(704) 717-0506 / [wnccog.org](http://wnccog.org)