



ASSEMBLIES  
OF THE LORD  
JESUS CHRIST

*Membership*

*And*

*License Upgrade*

*Application*

**HEADQUARTERS USE ONLY:**

Date Rec'd: \_\_\_\_\_

Dues Paid: \_\_\_\_\_

District: \_\_\_\_\_

***Assemblies Of The Lord Jesus Christ*****APPLICATION FOR LICENSE TYPE:****CREDENTIALS** \_\_\_\_\_\_\_\_\_\_ **GENERAL** **LOCAL** \_\_\_\_\_**DISTRICT USE ONLY:**

New Application? \_\_\_\_\_

Upgrade Application? \_\_\_\_\_

Mailed To HQ Date: \_\_\_\_\_

**IDENTIFICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ U.S. Citizen? \_\_\_\_\_

Telephone(\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

**FAMILY STATUS**

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Spouse Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Spouse Phone Number: \_\_\_\_\_ # of Children &amp; Date/s of birth \_\_\_\_\_

**PERSONAL SPIRITUAL EXPERIENCE**

Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38? \_\_\_\_\_ When? \_\_\_\_\_

Do you believe that speaking with other tongues as the Spirit gives utterance is the initial sign of the baptism of the Holy Ghost (Acts 2:38; Acts 2:4; and Acts 10:44-4)? \_\_\_\_\_

Have you received this experience? \_\_\_\_\_ When? \_\_\_\_\_

Do you believe in preaching and teaching the same? \_\_\_\_\_

**APPLICANT**

Have you ever been divorced? \_\_\_\_\_ How many times? \_\_\_\_\_ If so, give dates: \_\_\_\_\_

If yes, was this divorce before or after your conversion? \_\_\_\_\_

Have you ever been remarried? \_\_\_\_\_ How many times? \_\_\_\_\_ If so, give dates: \_\_\_\_\_

If yes, were your remarriages before or after your conversion? \_\_\_\_\_

Are you willing for the district/headquarters office to verify the above information? \_\_\_\_\_

**SPOUSE**

Have you ever been divorced? \_\_\_\_\_ How many times? \_\_\_\_\_ If so, give dates: \_\_\_\_\_

If yes, was this divorce before or after your conversion? \_\_\_\_\_

Have you ever been remarried? \_\_\_\_\_ How many times? \_\_\_\_\_ If so, give dates: \_\_\_\_\_

If yes, were your remarriages before or after your conversion? \_\_\_\_\_

Are you willing for the district/headquarters office to verify the above information? \_\_\_\_\_

***IF YOU OR YOUR SPOUSE HAS EVER BEEN DIVORCED, A COMPLETE COPY OF ALL DIVORCE DECREES MUST BE ATTACHED TO THIS APPLICATION. NO LICENSE WILL BE PROCESSED AT HEADQUARTERS WITHOUT THIS REQUIRED INFORMATION.***

## EDUCATION

What is the extent of your primary (K-12) and college/technical education? \_\_\_\_\_

What is the extent of your Ministerial Education? \_\_\_\_\_

Number of years of ministerial experience? \_\_\_\_\_

## MINISTERIAL STATUS

1) Assemblies of the Lord Jesus Christ District that approved your application for Local License. \_\_\_\_\_  
Date (mm/yyyy) Local License issued: \_\_\_\_\_

2) Assemblies of the Lord Jesus Christ District that approved your application for General License. \_\_\_\_\_  
Date (mm/yyyy) General License issued: \_\_\_\_\_

3) Have you been ordained? \_\_\_\_\_ If yes, When: \_\_\_\_\_ By Whom: \_\_\_\_\_

**Ordination prior to or as a part of your Credentials application is required for Credentials license.**

4) Have you read the Articles of Faith as set forth in the Constitution of the Assemblies of the Lord Jesus Christ? \_\_\_\_\_  
Do you agree with them? \_\_\_\_\_ Please note exceptions: \_\_\_\_\_

5) What is your present ministry? Pastor \_\_\_\_\_ Assistant Pastor \_\_\_\_\_ Evangelist \_\_\_\_\_ Teacher \_\_\_\_\_  
Music Minister \_\_\_\_\_ Other \_\_\_\_\_ Explain: \_\_\_\_\_

6) If serving under another minister as a member or assistant, provide Pastor's name and name of church. Also, organization affiliation if not ALJC. \_\_\_\_\_

7) Review the areas of your ministry experience including: Home Bible Studies, Pulpit experience, Teaching ministry, Music, Evangelism, etc. \_\_\_\_\_

8) Will you abide by the Assemblies of the Lord Jesus Christ by-laws and regulations? \_\_\_\_\_

9) Will you cooperate with the district in which you reside? \_\_\_\_\_

10) Have you held license with the Assemblies of the Lord Jesus Christ previously? \_\_\_\_\_ If so, why did you discontinue your fellowship with the ALJC? \_\_\_\_\_

11) Have you ever been denied license with the Assemblies of the Lord Jesus Christ? \_\_\_\_\_ In which district did you apply? \_\_\_\_\_ Why was your application denied? \_\_\_\_\_

12) Have you ever been refused license or credentials with any other ministerial organization? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_ When: \_\_\_\_\_ Why? \_\_\_\_\_

13) Have you ever held license with any other ministerial organization? \_\_\_\_\_ Which organization? \_\_\_\_\_  
Why are you no longer a member? \_\_\_\_\_

14) Was any previous ministerial license surrendered by you or withdrawn by a former organization while your conduct was under question? \_\_\_\_\_ If yes, provide a detailed written explanation \_\_\_\_\_

15) Are you a member of a Masonic Lodge or any Secret Society where members are bound by an oath? \_\_\_\_\_

16) If you have a secular job, provide the following information:

**Type of work** \_\_\_\_\_

**Name of employer** \_\_\_\_\_

**Work Phone #:** (\_\_\_\_\_) \_\_\_\_\_

### **DOCTRINAL AND OTHER CONVICTIONS**

- 1) Do you believe in, teach and practice paying of tithes into the work of the Lord, and are you presently faithful to your local church in the following: tithes, offerings and attendance? \_\_\_\_\_
- 2) Do you observe the first day of the week (Sunday) as the primary day of worship? \_\_\_\_\_
- 3) Do you believe in and practice observing the Lord's Supper and foot-washing literally? \_\_\_\_\_
- 4) Do you believe that the eternal salvation of humanity depends upon- Repentance, Water baptism in the name of Jesus Christ for the remission of sins, the infilling of the Holy Ghost with the initial evidence of speaking with other tongues as the Spirit gives utterance, faith in the Lord Jesus Christ, and obedience to the gospel during this present life and age? \_\_\_\_\_
- 5) The "Doctrine of Unconditional Eternal Security" (once saved, always saved) is a **false** doctrine. Do you agree and do you believe and teach that it is a false doctrine? \_\_\_\_\_
- 6) Do you believe in a literal millennium? \_\_\_\_\_
- 7) Do you believe and teach the biblical principles of a literal heaven and a catching away of the saints as taught in I Thessalonians 4:13-17, and John 14:1-4 and embraced by this organization? \_\_\_\_\_
- 8) Do you believe in the eternal punishment of the wicked? \_\_\_\_\_
- 9) Do you believe and teach that it is the duty of all saints to show respect toward and to be obedient to all lawful requirements of civil government that are not contrary to the Word of God? \_\_\_\_\_
- 10) Are you endeavoring to measure up to the Scriptural qualifications as given in I Timothy 3:1-13? \_\_\_\_\_
- 11) Do you believe that the Bible condemns all forms of intimate sexual activity outside of the bonds of marriage between a man and a woman, including any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, pedophilia and pornography? \_\_\_\_\_
- 12) Do you believe and teach the biblical principles taught in Deuteronomy 22:5 and embraced by this organization that it is contrary to the word of God for a woman to wear that which pertaineth to a man (such as pants or slacks) and for a man to wear a woman's garments? \_\_\_\_\_
- 13) Do you believe and teach the biblical principles taught in I Corinthians 11:3-16, and embraced by this organization that a woman's hair should remain uncut and that it is a shame for a man to have long hair? \_\_\_\_\_
- 14) Do you believe in modesty, as taught by this organization, that men and women should cover their bosom, arm pits, and knees, including not wearing short pants, also referred to as shorts? \_\_\_\_\_

### **FINANCIAL AND LEGAL STATUS**

- 1) Have you ever declared bankruptcy? \_\_\_\_\_ If yes, explain. \_\_\_\_\_  
Date completed: \_\_\_\_\_
  - 2) Do you consent to an investigation of your financial history if deemed necessary by the District Board? \_\_\_\_\_
  - 3) Are you living within your monthly income? \_\_\_\_\_
  - 4) Are you up-to-date with all your monthly obligations? \_\_\_\_\_
  - 5) Are you willing to, and do you agree to cooperate with the district financial plan? \_\_\_\_\_
- 
- 6) Have you ever been convicted of or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_\_ If yes, attach a detailed explanation of conviction charges, sentence and date completed.
  - 7) Have you ever been tried and/or convicted in a criminal or ecclesiastical court for any sexual misconduct or molestation charge? \_\_\_\_\_ If yes, attach a detailed explanation of conviction charges, sentence and date completed.
  - 8) Have you ever been tried and/or convicted in a criminal or ecclesiastical court? \_\_\_\_\_ If yes, attach a detailed explanation of conviction charges, sentence and date completed.
  - 9) Have you ever been convicted of, or pleaded guilty to a crime or civil judgment, other than traffic violations? \_\_\_\_\_  
If yes, attach a detailed explanation of conviction charges, sentence and date completed.
  - 10) Are you currently under indictment for any felony, or are any felony charges pending against you? \_\_\_\_\_ If yes, attach a detailed explanation of all felony indictments and/or pending felony charges and what court they are filed in.

### **LIST 3 CREDIT REFERENCES AND TELEPHONE NUMBERS:**

_____	_____
_____	_____
_____	_____

### **COMMITMENT**

- 1) Will you abide by the Articles of Faith, by-laws and policies of the Organization as stated in the General Constitution of the Assemblies of the Lord Jesus Christ? \_\_\_\_\_
- 2) Do you understand that willfully submitting false information on this application will be cause for revocation of license by the District Board and/or General Board? \_\_\_\_\_

### **CONFIDENTIALITY STATEMENT**

The confidentiality of statements concerning membership applications must be held in sacred trust by all General officers, District officers and all others having official access to this application or member files. Violation of this trust may result in disciplinary action or civil liabilities. However, it is equally important that General Officers and/or District Superintendents communicate relevant information about members to other district officials who have a need to know. Examples of such communication are members transferring to other districts and information concerning a member who is a candidate to pastor a church. Failure to disclose information may result in legal responsibilities. If an application is not approved for membership/license, the district board may, upon the applicant's request, disclose the nature of the information it has obtained about the applicant.

### **LIMITED DISCLOSURE AGREEMENT**

I, \_\_\_\_\_, in consideration of my receiving ministerial credentials from the Assemblies of the Lord Jesus Christ, do hereby authorize the district superintendent or his designee, at his sole discretion, to release to any general official, or local church official who has a need to know any information concerning my conduct and cooperation in the organization. Information may be released on the initiative of the District Superintendent or in response to an inquiry. I also hereby release the above officials, national headquarters, and all national officials from any and all liability for damages of whatever kind or nature which may at any time result to me on account of their disclosure of information authorized by this agreement.

I expressly agree that this release is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further agree that this limited disclosure agreement shall remain in legal force and effect as long as I remain a member of the Assemblies of the Lord Jesus Christ and thereafter.

I further state that I have read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

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**Date**

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**Signature of Applicant**

### **APPLICANT ACKNOWLEDGEMENTS AND COMPLIANCE**

I, the undersigned, do attest to the fact that I have read and understand the MINISTERIAL CODE OF CONDUCT, an official publication of the Assemblies of the Lord Jesus Christ. I also understand the essence and purpose for this acknowledgement is that in signing I agree to comply with the Assemblies of the Lord Jesus Christ Articles of Faith, it's Constitution, by-laws, it's Judicial Procedure, and such policies and procedures put in place by the Assemblies of the Lord Jesus Christ Membership, General Board and Executive Board. I further understand that any falsification of information, untrue or misleading statements on this application or in any accompanying information required to be supplied with this application, upon discovery, shall be grounds for immediate termination of membership, without recourse. **A criminal background check performed in accordance with the Federal Credit Reporting Act will be performed by the Assemblies of the Lord Jesus Christ on all new and upgrading applicants.**

I acknowledge and understand that the due date for all Membership Dues is the first (1<sup>st</sup>) day of each month and that additional months' dues may be paid in advance.

I acknowledge and understand that I become INELIGIBLE for any Benevolent benefit or life insurance benefit I qualify for should my dues become more than 30 days in arrears. (Ref: ALJC General Constitution 2010, Article XIX, Section 2, Paragraph 1)

I acknowledge and understand that National dues are not considered paid until they are received at headquarters. (Ref: ALJC General Constitution 2010, Article VIII, Section 4, Paragraph 4.)

**APPLICANT ACKNOWLEDGEMENTS AND COMPLIANCE (continued)**

I acknowledge and understand that the Assemblies of the Lord Jesus Christ believes that people are created by God in His image as male or female. The Assemblies of the Lord Jesus Christ subscribes to the historical and orthodox Biblical view of marriage as the covenantal union before God of one man and one woman for life, which may be properly dissolved only in limited circumstances as set forth in the Bible. (Matthew 19)

Additionally, since procreation is one of the primary purposes of God's design for sex, the Bible teaches that sex is reserved for marriage and that premarital or extramarital sexual behavior (whether homosexual or heterosexual) is sinful. We believe that any form of sexual immorality (including fornication, adultery, homosexuality, lesbianism, bisexual conduct, bestiality, incest, pornography, and attempting to change one's biological gender or otherwise acting upon any disagreement with one's biological gender) or advocacy of sexual immorality is sinful and offensive to God.

Although God's grace is sufficient to cover and bring restoration from any sin, violation of God's design for marriage and human sexuality (including gender identity) causes tremendous harm and long-term consequences to the persons involved and to our society as a whole.

We believe that in order to preserve the mission and integrity of the Assemblies of the Lord Jesus Christ, all members shall agree to and abide by this policy on marriage and human sexuality. Therefore every minister holding license with Assemblies of the Lord Jesus Christ, and every volunteer or paid employee working for the Assemblies of the Lord Jesus Christ, is to adhere to the Biblical standard of abstaining from sex outside of marriage, and no behavior or advocacy of the homosexual, transgender, or other alternative lifestyles will be permitted.

This statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God, speaks with final authority concerning truth, morality, and the proper conduct of mankind, and is the sole and final source of all that we believe.

For matters regarding faith, doctrine, practice, policy, and discipline within the Assemblies of the Lord Jesus Christ, the General Board of the Assemblies of the Lord Jesus Christ is the final interpretive authority on the Bible's meaning and application.

"Whosoever shall put away his wife, except it be for fornication, and shall marry another, committeth adultery" (Matthew 5:32; 19:9).

In order to lift a higher standard in the ministry, no minister shall be accepted in this organization who has married for the second time after his conversion, unless the first marriage was terminated by a death, or if he/she is determined to be the innocent party in the divorce. See General Constitution Article VIII, Section 5.

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**Applicant's Signature**

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**Date**

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**Pastor's Signature**

**NOTE:** The applicant's pastor's signature is **required** if the applicant is not currently serving as the pastor of a church.

**If you are a Pastor, list your church information including mailing AND physical address information if different**

Church Name \_\_\_\_\_

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

If Different, Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Mail Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Web Site Address (URL): \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_

**MEDICAL QUESTIONS (Must be completed by all NEW applicants) (Current members update Beneficiary information only)**

1. Has proposed insured, your spouse or any covered child(ren) been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.) <b>Specify who</b>	<b>Yes</b> _____	<b>No</b> _____
2. Is proposed insured, your spouse or any covered child(ren) currently confined to a hospital, nursing home or medical facility? <b>Specify who</b> _____	<b>Yes</b> _____	<b>No</b> _____
3. Has the proposed insured, your spouse or covered child(ren) ever been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) by a member of the medical professions, or tested positive for HIV antibodies as part of a test conducted for the purpose of obtaining insurance? <b>Specify who</b>	<b>Yes</b> _____	<b>No</b> _____
4. Is the proposed insured, your spouse or covered child(ren) currently bedridden due to disease OR required to receive personal assistance with activities of daily living such as bathing, dressing, eating, toileting or moving about? <b>Specify who</b>	<b>Yes</b> _____	<b>No</b> _____
5. In the past 5 years, has proposed insured, your spouse or any covered child(ren) been diagnosed with, been treated for, or been prescribed medication for: Alzheimers/Dementia, Alcohol or Drug abuse, Aneurysm, Angina, Black Lung, Cancer other than basal cell, Chronic Asthma, Chronic Bronchitis, Congestive Heart Failure, Coronary Artery Disease, Cystic Fibrosis, Insulin Dependent Diabetes WITH High Blood Pressure, Emphysema, Heart Attack, Kidney Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Stroke, Systemic Lupus, or Sickle Cell Anemia? <b>Specify who</b>	<b>Yes</b> _____	<b>No</b> _____
6. In the past 5 years, has proposed insured, your spouse or any covered child(ren) been diagnosed as requiring OR undergone surgery for: Heart Disease or amputation due to disease? <b>Specify who</b>	<b>Yes</b> _____	<b>No</b> _____

New applicants must be able to answer "NO" to all of the questions above in order to qualify for the Life Insurance or AD&D Benefit offered by the Assemblies of the Lord Jesus Christ membership approved insurance plan. Should the applicant's a spouse or child(ren) be unable to answer "NO" to all of the questions above, they would not qualify for Life Insurance benefits either.

In accordance with ALJC General Constitution, Article XX, Section 2, Para 1, "To be eligible for benefits, a minister's dues shall not be over thirty (30) days in arrears. The due date for all Membership Dues is the first (1<sup>st</sup>) day of each month. NO NEW MINISTER APPLYING AFTER THEIR 65 BIRTHDAY IS ELIGIBLE FOR LIFE INSURNACE BENEFITS.

I represent that all statements and answers made regarding the medical question listed above are full, complete and true to the best of my knowledge and belief. It is agreed that:

- (1) All such statements and answers shall be the basis for and a part of the member being qualified for the ALJC Group Life, AD&D and MEDEX benefits.
- (2) No organization official or medical examiner can accept risks or make or change contracts or waive ALJC's rights or requirements.
- (3) No insurance shall take effect unless the proposed insured is alive and in the same condition of health as described in this application when the application is approved and full premium is paid.

**WE ARE REQUIRED BY LAW TO GIVE YOU THE FOLLOWING NOTICE:**

**Ohio and Tennessee** – Any person who, with intent to defraud or knowing that hi/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**IN ALL OTHER STATES, THE FOLLOWING APPLIES:**

Any person who knowingly and with intent to injure or defraud an insurer files an application or claim containing any false, incomplete or misleading information may be subject to criminal penalties and the denial of coverage for claims made under the policy of insurance.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT (Proposed Insured)**

\_\_\_\_\_  
**WITNESSED BY DISTRICT OFFICIAL (PRINT NAME)**

\_\_\_\_\_  
**DISTRICT OFFICIAL'S SIGNATURE**

**MUST BE DATED, SIGNED AND WITNESSED IN THE PRESENCE OF THE ALJC DISTRICT OFFICIAL**

**ALL APPLICANTS – NEW AND UPGRADES – MUST COMPLETE A NEW BENEFICIARY FORM WITH THEIR APPLICATION. NO APPLICATION WILL BE ACCEPTED WITHOUT A COMPLETED BENEFICIARY FORM.**

## DISTRICT BOARD SIGNATURE PAGE

ALJC Constitution Article VIII, Section 1, Paragraph 3 requires that all applications be approved or disapproved by the District Board.

In accordance with an approved General Board Directive, a majority of the District Board are required to sign all applications indicating the district approval of the application. The signature of District Board members indicate that they have personally met with and been involved in a review of the applicant and their application, and that a majority vote of approval of the District Board has been achieved. The only exception to the requirement to personally meet with an individual is where a district has established a Credentials Committee for the purpose of reviewing applications and providing a recommendation to the District Board. The District Board may still choose to meet with the individual or may accept the recommendation of the Credentials Committee. Any district Credentials Committee shall be not less than 3 nor more than 5 district members holding Credentials license in the Assemblies of the Lord Jesus Christ. The District Secretary by virtue of his office shall be a member of the Credentials Committee and shall record minutes of all meetings. All applicants must meet with the District Board and/or Credentials committee in person.

All applications shall be reviewed during district meetings where the District Board members and Credentials Committee members- where applicable, would normally be meeting together. These meetings would include, but not be limited to Spring Conference, Campmeeting, District Retreat and Fall Conference. If fellowship meetings would periodically include all churches within a district, those meetings may also be considered for a district board/credentials committee application review meeting, given that a majority of the Board members and all Credentials Committee members (if applicable), and the applicant are present.

Any request for an exception to this policy must be submitted on a case-by-case basis in writing to the Executive Board by mail. E-mail may also be sent along with an exception request to headquarters at [aljchq@aljc.net](mailto:aljchq@aljc.net). The exception must include a clear reason for the need for bypassing the normal application process. Executive Board approval must be obtained before an exception may proceed.

Exceptions shall still require that a thorough review be conducted by at least three individuals on the District Board in a meeting with the applicant. All District Board members must be contacted by telephone to discuss the application and obtain and record their vote prior to submittal to National.

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District Superintendent

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Assistant Superintendent

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District Secretary

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Presbyter or Board Member

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Presbyter or Board Member

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Presbyter or Board Member

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Presbyter or Board Member

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Presbyter or Board Member

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Credentials Committee Chairman (if applicable)

District Event \_\_\_\_\_ Date \_\_\_\_\_

**All NEW membership applications REQUIRE 3 months National dues to be submitted with the application. Current member UPGRADE applicants must be current in their dues. No upgrade application will be processed when a member is more than 30 days in arrears with their dues.**



**DISTRICT BOARD APPLICANT REVIEW - MEETING NOTES**

RECORD QUESTIONS ASKED APPLICANT AND ANSWERS GIVEN BY HIM/HER REGARDING ANY EXCEPTIONS TO THE ARTICLES OF FAITH, ALJC CONSTITUTION, CODE OF CONDUCT, MINISTERIAL STATUS, DOCTRINE AND CONVICTIONS AND/OR LEGAL STATUS SECTIONS OF THIS APPLICATION. RECORD ANY OTHER EXCEPTIONS TAKEN BY THE APPLICANT, AND/OR CONCERNS DISCUSSED BY THE DISTRICT BOARD/CREDENTIALS COMMITTEE.

ATTACH EXTRA PAGES AS NECESSARY.

ATTACH ANY OTHER RELEVANT INFORMATION/WRITTEN CORRESPONDENSE.

<u>Application Questions And Verification Of Information Checklist</u>	<b>Verifier's Initials</b>
<b>All information is COMPLETE and LEGIBLE!</b> Last Name, First Name, Middle Initial, (First Name is SPELLED OUT); Complete mailing address, phone #, SSN, DOB, Age, Sex, Citizenship. <b>BLACK INK – NO PENCIL OR LIGHT COLORED INKS PERMITTED.</b>	
At least a <b>month and year</b> date has been recorded where ever a date is asked to be supplied.	
The proper "License Type" line has been checked (Credentials, General, Local)	
If there was a divorce, whether <u>before or after</u> conversion, the divorce papers are attached to the application and have been properly reviewed by the Board. (NO EXCEPTIONS, This is a General Board Requirement.) If divorce after conversion, all required paperwork is included.	
The Education and Ministerial Status section answers MUST clearly provide enough information to judge if the applicant meets the Constitutional requirements for the license being applied for. <i>(Number/Type Of Years Of Ministry Experience Must Be Recorded)</i>	
<b>Ministerial Status Section</b>	
Questions 1, 2 & 3 have been properly and completely answered.	
If ordained, date (mm/yyyy at least is listed). If not, the date ordination is planned to be done. If ordained, the responsible individual and/or Organization are clearly recorded.	
Question 4 has been properly and completely answered.	
Questions 5, 6 & 7 have been properly and completely answered.	
Questions 8 & 9 are properly and completely answered.	
Questions 10, 11, 12, 13 & 14 have been properly and completely answered, attaching additional pages as necessary to provide detailed answers.	
If <b>Ministerial Status Section</b> Q12, Q13 or Q14 answer is YES, the organization is listed and the specific reasons are provided in writing and attached that identify why the applicant no longer holds membership. "Personal reasons" is not a reasonable nor acceptable answer, must be specific. If refused license by another organization, WHY? (Document answer and attach)	
Questions 15 & 16 have been properly and completely answered.	
<b>Doctrinal And Other Convictions Section</b>	
All questions under Doctrinal and Other Convictions are answered and exceptions are explained in writing by the applicant and attached to the application.	
<b>Financial And Legal Status Section</b>	
All questions under Financial and Legal Status are completely answered including detailed explanations for ALL YES answers to questions 6, 7, 8, 9 & 10.	
CREDIT references are provided. (NOT Ministerial References)	
<b>Commitment Section</b> is properly completed.	
<b>Confidentiality Statement and Limited Disclosure Agreement</b> are filled out and SIGNED by applicant.	
Applicant Acknowledgement statement is signed by the applicant. <b>IF APPLICANT IS NOT A PASTOR, THEIR PASTOR'S SIGNATURE IS REQUIRED BY THE GENERAL BOARD</b>	
If applicant is a pastor, church name, address and phone number are legibly recorded.	
All supporting documents are attached to the application	
MEDICAL QUESTIONS SECTION COMPLETED. APPLICANT AND DISTRICT OFFICIAL WITNESS SIGNATURES COMPLETED AND DATED (REQUIRED)	
BENEFICIARY FORM COMPLETED SIGNED AND ATTACHED (REQUIRED)	

Authorized District Representative (Verifier) Signature \_\_\_\_\_  
**Answer every question. Omitted or unanswered questions will cause the processing of the application to be delayed.**  
**Type or print clearly. All Information must be clear and legible. BLACK INK ONLY.**

## Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

### Things to know before you begin

- This form **MUST** be signed before you return it.  
See "SECTION 3 - Signature" on page 3.



You **MUST** return all pages of this form.

Utility Field 1	Utility Field 2	Utility Field 3	Utility Field 4
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### SECTION 1: Insured information

Customer number		Policyholder name/Group policyholder name	
First name	Middle name	Last name	
Address - Street		City	State ZIP code
Date of birth ( <i>mm/dd/yyyy</i> )	Phone number	SSN	

### SECTION 2: Beneficiary information

- You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. The sum of the Contingent Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.
- If you need more Space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

**Please complete the section that pertains to the type of beneficiary you are designating.**

☐ **A. Individual beneficiaries**

**Primary beneficiary** - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First name	Middle name	Last name	Share %
Address - Street		City State ZIP code	
Relationship to participant	Social security number	Date of birth ( <i>mm/dd/yyyy</i> ) Phone number	

First name	Middle name	Last name	Share %	
Address - Street		City	State	ZIP code
Relationship to participant	Social security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name	Share %	
Address - Street		City	State	ZIP code
Relationship to participant	Social security number	Date of birth (mm/dd/yyyy)	Phone number	

**Contingent beneficiary** - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name	Middle name	Last name	Share %	
Address - Street		City	State	ZIP code
Relationship to participant	Social security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name	Share %	
Address - Street		City	State	ZIP code
Relationship to participant	Social security number	Date of birth (mm/dd/yyyy)	Phone number	

☐ **B. Living trust** - ☐ Primary ☐ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust name	Trust date (mm/dd/yyyy)	Trustee phone number	Share %	
Trustee - First name	Middle name	Last name		
Trustee address - Street		City	State	ZIP code

☐ **C. Testamentary trust created in the insured's will** - ☐ Primary ☐ Contingent Share %

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

☐ **D. Insured's estate** - ☐ Primary ☐ Contingent

Share %

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

☐ **E. Charity/Organization** - ☐ Primary ☐ Contingent

Be sure to name the charity or organization and not the charity or organization director or an participant of that charity/organization.

Charity/Organization name

Phone number

Share %

Address - Street

City

State

ZIP code

### SECTION 3: Signature

☐ Check if you are completing and signing this form as agent for the participant under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section 2 as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

**Insured/Owner name** *(Please print)*

First name

Middle name

Last name

**Sign  
Here**

Signature of Insured/Owner

Date *(mm/dd/yyyy)* *(must be date form was completed)*

### SECTION 4: How to submit this form

The participant should provide the completed form to their policyholder or benefits administrator. Retain a copy for your records.