

APPLICATION FOR SOUTH CAROLINA MINISTERS BENEVOLENCE MINISTRY

THAT SOUTH CAROLINA HAVE A VOLUNTARY BENEVOLENT PROGRAM FOR MINISTERS
AND SPOUSES CALLED THE MINISTERS BENEVOLENCE MINISTRY. THIS IS NOT A LIFE INSURANCE POLICY.

APPLICANT INFORMATION – PLEASE PRINT

Name of Applicant: _____

Phone: _____ Ministerial File Number of Minister: _____

Email Address: _____

Please check which method you prefer to receive your MBM notifications at: Email Mail

Mailing Address: _____

Church: _____ Pastor's Name: _____

RECIPIENT INFORMATION – You must list a Primary AND a Contingent (secondary) Recipient.

Name of Primary Recipient: _____

Phone of Primary Recipient: _____ Relationship to Primary Recipient: _____

Email Address of Primary Recipient: _____

Address of Primary Recipient: _____

Name of Contingent Recipient: _____

Phone of Cont. Recipient: _____ Relationship to Cont. Recipient: _____

Email Address of Contingent Recipient: _____

Address of Contingent Recipient: _____

Signature of Applicant: _____ Date: _____

Do not sign until you are in the presence of a Notary Public.

Notary Seal/Signature:

Sworn to and Subscribed Before Me

This _____ Day of _____ 20____

Signed: _____

Notary Public of South Carolina

My Commission Expires: _____

**Mail Application to SCCOG State Office, Attn: Stacy K Black, PO Box 309, Mauldin, SC 29662.
FOR STATE OFFICE USE**

Date Received: _____ Initial Fee Paid \$ _____ Date Enrolled _____

Mailing List _____ Master List _____ Eligibility Date _____