

# CHANGE OF RECIPIENT FORM – SC MINISTERS BENEVOLENCE MINISTRY

DATE OF CHANGE: \_\_\_\_\_

## APPLICANT INFORMATION

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: \_\_\_\_\_

Pastor's Name & Church: \_\_\_\_\_

## 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 to SCCOG State Office, Attn: Melody Hand, PO Box 309, Mauldin, SC 29662.  
FOR STATE OFFICE USE**

Date Received: \_\_\_\_\_