



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:**

**DISTRICT USE ONLY:**  
New Application? \_\_\_\_\_  
Upgrade Application? \_\_\_\_\_  
Mailed To HQ Date: \_\_\_\_\_

**CREDENTIALS** \_\_\_\_\_

\_\_\_\_\_ **GENERAL** \_\_\_\_\_ **LOCAL** \_\_\_\_\_

**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.**

**IDENTIFICATION**

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

**Mailing Address** \_\_\_\_\_

**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** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**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/secondary 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: \_\_\_\_\_

4) Have you read the Articles of Faith as set forth in the official 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 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 man 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) Do you believe and teach that "once saved always saved," or what is known as the "Doctrine of Unconditional Eternal Security" 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 shorts? \_\_\_\_\_

**FINANCIAL AND LEGAL STATUS**

- 1) Have you ever declared bankruptcy? \_\_\_\_\_ If yes, explain. \_\_\_\_\_
- 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 current with 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, explain. \_\_\_\_\_
- 7) Have you ever been tried and/or convicted in a criminal or ecclesiastical court for any sexual misconduct or molestation charge? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- 8) Have you ever been tried and/or convicted in a criminal or ecclesiastical court? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- 9) Have you ever been convicted or pleaded guilty to a crime or civil judgment, other than traffic violations? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- 10) Are you currently under indictment for any felony, or are felony charges pending against you? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

_____	_____
_____	_____
_____	_____

**COMMITMENT**

- 1) Will you abide by the 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.

\_\_\_\_\_ \_\_\_\_\_  
**Date** **Signature of Applicant**

**APPLICANT ACKNOWLEDGEMENTS**

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. 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 shall be grounds for immediate termination of membership, without recourse. **A criminal background check 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's Signature** **Date** **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):** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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

1. Has proposed insured 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.)	Yes _____	No _____
2. Is proposed insured currently confined to a hospital, nursing home or medical facility?	Yes _____	No _____
3. Has the proposed insured 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?	Yes _____	No _____
4. Is the proposed insured 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?	Yes _____	No _____
5. In the past 5 years, has proposed insured 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?	Yes _____	No _____
6. In the past 5 years, has proposed insured been diagnosed as requiring OR undergone surgery for: Heart Disease or amputation due to disease?	Yes _____	No _____

**New applicants must be able to answer "NO" to all of the questions above in order to qualify for the Life Insurance Benefit offered by the Assemblies of the Lord Jesus Christ membership approved insurance plan.**

**In accordance with ALJC General Constitution 2010, Article XIX, Section 2, Paragraph 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.**

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.

Dated \_\_\_\_\_  
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 ALONG 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@ajlc.net](mailto:aljchq@ajlc.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.

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
District Secretary

\_\_\_\_\_  
Presbyter or Board Member

\_\_\_\_\_  
Presbyter or Board Member

\_\_\_\_\_  
Presbyter or Board Member

\_\_\_\_\_  
Presbyter or Board Member

\_\_\_\_\_  
Presbyter or Board Member

\_\_\_\_\_  
Credentials Committee Chairman (if applicable)

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

**All NEW membership applications require 3 months 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>	Verifier's Initials
<p><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></p>	
<p>At least a <b>month and year</b> date has been recorded where ever a date is asked to be supplied.</p>	
<p>The proper "License Type" line has been checked (Credentials, General, Local)</p>	
<p>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.</p>	
<p>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></p>	
<p><b>Ministerial Status Section</b></p>	
<p>Questions 1, 2 &amp; 3 have been properly and completely answered.</p>	
<p>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.</p>	
<p>Question 4 has been properly and completely answered.</p>	
<p>Questions 5, 6 &amp; 7 have been properly and completely answered.</p>	
<p>Questions 8 &amp; 9 are properly and completely answered.</p>	
<p>Questions 10, 11, 12, 13 &amp; 14 have been properly and completely answered, attaching additional pages as necessary to provide detailed answers.</p>	
<p>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)</p>	
<p>Questions 15 &amp; 16 have been properly and completely answered.</p>	
<p><b>Doctrinal And Other Convictions Section</b></p>	
<p>All questions under Doctrinal and Other Convictions are answered and exceptions are explained in writing by the applicant and attached to the application.</p>	
<p><b>Financial And Legal Status Section</b></p>	
<p>All questions under Financial and Legal Status are completely answered including detailed explanations for ALL YES answers to questions 6, 7, 8, 9 &amp; 10.</p>	
<p>CREDIT references are provided. (NOT Ministerial References)</p>	
<p><b>Commitment Section</b> is properly completed.</p>	
<p><b>Confidentiality Statement</b> and <b>Limited Disclosure Agreement</b> are filled out and SIGNED by applicant.</p>	
<p>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></p>	
<p>If applicant is a pastor, church name, address and phone number are legibly recorded.</p>	
<p>All supporting documents are attached to the application</p>	
<p>MEDICAL QUESTIONS SECTION COMPLETED. APPLICANT AND DISTRICT OFFICIAL WITNESS SIGNATURES COMPLETED AND DATED (REQUIRED)</p>	
<p>BENEFICIARY FORM COMPLETED SIGNED AND ATTACHED (REQUIRED)</p>	

Authorized District Representative (Verifier) Signature \_\_\_\_\_

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name <b>Assemblies of the Lord Jesus Christ</b>		Group Number(s) <b>147948</b>
	Your Address		City	State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation
LIFE	<i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i> <b>Life Insurance</b> <input checked="" type="checkbox"/> Life with AD&D Employer Paid				
	<b>Dependents Life Insurance</b> <input checked="" type="checkbox"/> Dependents Life Employer Paid				
BENEFICIARY	<i>This designation applies to Life/Life with AD&amp;D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i>				
	Primary - Full Name		Address	Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address	Soc. Sec. No.	Relationship % of Benefit
CHANGE	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i>				
	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change
Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____	
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.				
	Member/Employee Signature Required			Date (Mo/Day/Yr)	

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.