

## Methodist Ministers' Housing Society Methodist Church House London NW1 5JR

MMHS – Initial Information						
Proposed Retirement Date or Date Retired:						
Lead Applicant Details						
Title: Forename(s):				Surname:		
Date of Birth:	Phone nos. (h) (m)					
Present Address:		. ,		, ,		
Postcode:		Email:				
National Insurance No:						
How can we contact you?	Landline:	Yes/No	Mobile:	Yes/No	Email:	Yes/No
Second Applicant Details (if appli	cable)			<u> </u>		-
Title: Forename(s)	•			Surname:		
Date of Birth:	Relationsl	Relationship to Lead Applicant:				
Phone no.	Email:	•	•			
National Insurance No:						
Other Information						
Dependents. Will you have any		Yes/No	If yes ple	ase give deta	ails:	
dependents living with you as par	t of your					
household – eg: any children und	er 18 for					
whom you have parental control	or					
guardianship?						
Non Dependents. Will you have a	ny non	Yes/No	If yes ple	ase give deta	ails:	
dependents living with you as par	t of your					
household – eg: a family member	who					
currently lives with you and for w	hom you					
are the carer?						
Please give details of <i>all</i> stipenda	ry appointr	ments in the	Methodis	t Church		
Please list <i>all</i> stipendary appointn	nents with	dates statin	g whether	full-time or	nart-time	(nlease
indicate hours for part –time post			6		pa. c cc	(p.cacc
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Will you have completed <b>10 years' eligible service</b> (please see MMHS's website for definition of eligible service) by retirement?	Yes /No	If no, please state the reason why not:					
Preferred location(s) for retirement.  We have a dynamic property portfolio and wherever we can we try to find retirement homes from this. We cannot therefore guarantee too specific a location.	Please list to	wn(s) and/or area(s)					
Preferred <b>type of accommodation</b> – eg: house, bungalow, flat							
Please add any <b>other information</b> , including any medical or other needs, which may necessitate certain facilities or dictate particular types of accommodation. (Continue on a separate sheet if necessary)							





Estimate of Financial Assets at Retirement (We will confirm these figures in the months preceding your retirement date)					
(tre triii commit these ngares in th	Lead Applicant	Second Applicant			
Deposit Accounts					
Building Society Accounts (including Cash ISAs)					
National Savings					
Unit Trusts (including PEPs, ISAs)					
Bonds					
Premium Bonds					
Shares (including PEPs, ISAs)					
Government Stocks					
Business interests					
Other					
Do you currently own or have an interest in a property?	Yes/No	Yes/No			
If the answer is yes to the previous question about a property please state the <b>net</b> value (after mortgage repayment etc)					
Total					
Please estimate your annual income in retirement					
Office use only – Equity Contribution					
For monitoring purposes, please tell us when	e you heard about the	Society?			
Declaration:  I/We confirm that the information given about knowledge. I/We confirm that I/we have not the Society. I understand that the Society's and the society is a society.	knowingly withheld ar	ny relevant information from			
Please sign	Signature	Date			
Lead applicant					
Second applicant					
At MMHS we take your privacy seriously and	l will only use your ner	sonal information for the nurnose			

At MMHS we take your privacy seriously and will only use your personal information for the purposes that you have requested from us. We will not sell your data to third parties.