|  |
| --- |
| **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 applicable)** |
| Title: | Forename(s) | Surname: |
| Date of Birth: | Relationship to Lead Applicant:  |
| Phone no. | Email: |
| National Insurance No: |
| **Other Information** |
| **Dependents.** Will you have any dependents living with you as part of your household – eg: any children under 18 for whom you have parental control or guardianship? |  **Yes/No** If yes please give details: |
| **Non Dependents**. Will you have any non dependents living with you as part of your household – eg: a family member who currently lives with you and for whom you are the carer? |  **Yes/No** If yes please give details: |
| Please give details of ***all* stipendary appointments in the Methodist Church**  |
| Please list ***all*** stipendary appointments with dates, stating whether full-time or part-time (please indicate hours for part –time posts:  |

|  |  |
| --- | --- |
| Will you have completed **10 years’ eligible service** (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 town(s) and/or area(s) |
| Preferred **type of accommodation** – eg: house, bungalow, flat |  |
| Please add any **other information**, including any medical or other needs, which may necessitate certain facilities or dictate particular types of accommodation. (Continue on a separate sheet if necessary) |
|  |
| For monitoring purposes, please tell us where you heard about the Society? |
|  |
| **Estimate of Financial Assets at Retirement****(We will confirm these figures in the months preceding your retirement date)** |
|  | **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 **net** value (after mortgage repayment etc) |  |  |
| **Total** |  |
| Please estimate your annual income in retirement |  |  |
| **Declaration:***I/We confirm that the information given above is correct and accurate to the best of my/our knowledge. I/We confirm that I/we have not knowingly withheld any relevant information from the Society. I understand that the Society’s auditors can request verification of any figures given.* |
| **Please sign** | **Signature** | **Date** |
| Lead applicant |  |  |
| Second applicant |  |  |

*We will use your information to provide you with the services, products or information you have requested, for administration purposes and to further our charitable aims. Contact details (name, address, telephone no, email address) may be shared with 3rd parties (eg contractors to enable access to properties owned by MMHS).A copy of the MMHS Privacy Policy can be found at* [*mmhs.org.uk/your-privacy*](http://mmhs.org.uk/your-privacy/)

□ \* Please tick the box to confirm that you have been given the opportunity to read and understand the MMHS Privacy Policy.