

# Membership Application



To join Everence Association, Inc., a fraternal benefit society

Everence Association Inc. is a fraternal benefit society that serves people who share the historical biblical stewardship principles of Mennonite/Anabaptist Christians. The privilege of membership allows you to participate in activities of the Everence community, and qualify for benefits such as grants, scholarships, educational resources and accidental death benefit.

To join Everence Association, you must own or participate in an Everence-related product or service, and:

1. Have a relationship with a Mennonite or Anabaptist church or church organization, or
2. Share values consistent with the Anabaptist understanding of Christian stewardship.

**Note: Your signature is required in Section 5.**

## Section 1: Applicant information required

Name \_\_\_\_\_ Spouse \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_\_ Phone \_\_\_\_\_  Home  Cell  
Social Security number \_\_\_\_\_ Email \_\_\_\_\_

## Section 2: Basis of membership

I understand that, to join Everence I must have a relationship with a member church or I must share values of Christian stewardship. Choose A or B below.

- A. Church relationship: I have a relationship with a church or church organization that is Mennonite or Anabaptist (see list of churches on back).
1.  I am a member of or attend

\_\_\_\_\_

Church	City	State
Pastor _____		

Please check the appropriate box:

Member  Attender

2.  I work for an employer, volunteer in missions or service, reside in a retirement community or study at an institution that is Mennonite or Anabaptist. The organization is \_\_\_\_\_
3.  Family relationship. My spouse is a member of Everence, or I am a dependent of an Everence member (by the Internal Revenue Service definition). Spouse/parent name \_\_\_\_\_

- B. Shared values: I share values consistent with the stewardship principle that all I am and all I have are from God (Psalm 24). In response to God's generosity, I practice stewardship of all my resources.

Comments \_\_\_\_\_  
\_\_\_\_\_

### Section 3: Accepting accidental death benefit

The accidental death benefit is one of a number of benefits provided to Everence members at no cost. Please note this benefit is only available to members who have applied for and received membership in a state where Everence Association Inc., a fraternal benefit society, is licensed (AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, MD, MI, MN, MT, NC, NE, OH, OK, OR, PA, SC, SD, TN, TX, VA, WA, WV). This benefit pays the sum of \$1,000 upon your accidental death before age 70. **The death benefit will be paid to your surviving spouse or to your estate, unless you designate a different beneficiary.**

**To designate a different beneficiary, complete the information below.**

Name of beneficiary \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State ZIP  
Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_

**Note:** Consent of spouse is required in community property states (AZ, CA, ID, TX and WA) if beneficiaries other than or in addition to participant's spouse are designated.

I consent to the above beneficiary designation.

\_\_\_\_\_  
Signature of spouse Date Signature of witness Date

### Section 4 for Illinois and Ohio residents: Disclosure statement

**Everence Association, Inc., a fraternal benefit society,** is licensed to do business in the states of Illinois and Ohio as a **tax-exempt organization.** Fraternal benefit societies are not included in the Illinois Life and Health Guaranty Association or the Ohio Life and Health Insurance Guaranty Association. This means that fraternal benefit societies cannot be assessed for the insolvency of other life insurers or other fraternal benefit societies. By law, a fraternal benefit society is responsible for its own solvency. If there is an impairment of reserves, a certificate holder may be assessed a proportionate share of the impairment. This process is described in the certificate issued by the society.

### Section 5: Signature

I attest that all of the information in this application for membership is true and correct.

**Applicant signature** \_\_\_\_\_ Date \_\_\_\_\_

Name of Everence staff \_\_\_\_\_ Office \_\_\_\_\_

Type of product/service \_\_\_\_\_

*Everence Association Inc., a fraternal benefit society, reserves the right to independently verify and confirm an applicant's fraternal eligibility based on established guidelines and procedures. Everence Constitution and Bylaws is a legal document that outlines the requirements of membership and explains the organization of the association. Please ask your Everence representative for documents if needed.*

**Please mail to the address below or fax to (574) 537-3627.**

*\*Eligible churches are the following: Apostolic Christian Church of America, Beachy Amish Church, Bible Fellowship Church, Brethren Church, Brethren in Christ Church, Church of the Brethren, Church of God in Christ Mennonite, Church of United Brethren in Christ, Conservative Mennonite Conference, Dunkard Brethren, Eastern Pennsylvania Mennonite Church, Evangelical Church, Fellowship of Evangelical Bible Churches, Fellowship of Evangelical Churches, Fellowship of Grace Brethren Church, Hopewell Network of Churches, Mennonite Brethren Church, Mennonite Church USA, Missionary Church, Old German Baptist Brethren Church, Old Order Amish, Old Order and Wisler Mennonite, Old Order River Brethren, Religious Society of Friends (Quakers), United Christian Church, and United Zion Church.*

**Everence Association, Inc.,** a fraternal benefit society  
1110 N. Main St. Toll-free: 800-348-7468  
P.O. Box 483 T: 574-533-9511  
Goshen, IN 46527  
everence.com