

Name: _____

Address: _____

Phone: _____ Email address: _____

Current Appointment: _____

District: _____ Current Status: _____ Year of Status Granted: _____

Effective Date of Discontinuance/Withdrawal: _____

Month Day, Year

Statements of Agreement
(Please initial each statement)

After prayer thought and discernment, I have decided that I wish to discontinue/withdraw from The United Methodist Church as a Local Pastor.

___ I have researched and understand the implications and impact of this decision on my health insurance (and that of my family), death and disability insurance and my pension.

___ I understand that when I become a local pastor, I become a member of the annual conference and ceased to have membership within a local church as long as I was appointed. Since I am withdrawing/discontinuing from ministry as a United Methodist Local Pastor I will cease to be a minister and will be classified and recognized as a lay person. I will have to designate a church (United Methodist or other) to which my membership will be transferred. If I join another denomination It will be with a lay status, not a clergy status. Your clergy status is tied to your license to preach, which you have relinquished.

___ I understand that the License for Pastoral Ministry that was issued to me, belongs to the Conference and is only valid while appointed. Since I am withdrawing/discontinuing my ministry as a United Methodist Local Pastor I must return my License for Pastoral Ministry to the District Superintendent. If I choose to not to comply with this procedure, my official record will indicate that I was not in "Good Standing" at the time of my withdrawal/discontinuance.

___ I understand that upon completion and submission of all required documents and, assuming I am in good standing with the South Carolina Conference, that I will be given a letter from the Office of the Clergy Services indicating that I was, at the time of my withdrawal/discontinuance, a Licensed Local Pastor in good standing with the annual conference.

___ I understand that I may no longer refer to myself as a United Methodist minister as of the effective date of my withdrawal.

___ I understand that the Bishop and Cabinet have approved a set of information that will be shared with the denomination to which I seek to unite. In order for that information to be shared, I will need to complete a **Release of Information form**.

___ I understand that this is not a simple reversible process, but that I would have to reapply to serve in South Carolina Conference under the provisions of The Book of Discipline in place at the time I might seek to re-enter the annual conference.

Signature:

Having read and understood the above items, I formally declare my desire to withdraw from the South Carolina Conference and to unite with another denomination.

Signature

Printed name

Today's Date

The Local Congregation/denomination to which I wish to have my membership transferred: _____

District Superintendent Section:

Signature:

Having conversed with and received this application from the above-named pastor, I now pass the required documents to the Annual Conference Secretary for the processing of this withdrawal/discontinuance effective as of the date indicated above. (Note: My district's dCOM will officially vote on the withdrawal/discontinuance of this person at our next meeting and submit an Action Report.)

DS Signature

Printed name

Date

Documents to send to Annual Conference Secretary (ConferenceSecretary@umcsc.org)

Form 200LP: Notification of Intent to Withdraw/Discontinue as a Licensed United Methodist Pastor.

License for Pastoral Ministry

License for Pastoral Ministry

Substitute Credential Certificate(s) Form

Release of Information Form

Supervisory files (after effective date) for deposit in Secretary's office via email at conferencesecretary@umcsc.org.

Administrative Files (after effective date) for deposit in Secretary's office via email at conferencesecretary@umcsc.org.

End of District Superintendent Section
