



Name: _____

Address: _____

Phone: _____ Email address: _____

Current Appointment: _____

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

Effective Date of Withdrawal: _____

Month Day, Year

Statements of Agreement
(Please initial each statement)

After prayer thought and discernment, I have decided that I wish to withdraw from The United Methodist Church to unite with the denomination named below.

___ 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 in withdrawing, this action will rescind my membership in the South Carolina Annual Conference and that I will no longer be a member of the annual conference or a credentialed clergy person in The United Methodist Church.

___ I understand that conference membership was granted to me by the clergy session and that I will be required to surrender my Certificate of Conference Membership. (This was supplied to all pastors that became members of the annual conference from 2005 forward. Those who came into conference membership prior to 2005 will need to supply a notarized copy of Substitute Credential Certificate(s) Form). 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.

___ I understand that ordination was a gift of the church and a working of the Holy Spirit in my life. While no longer an ordained member of the South Carolina Annual Conference, I still maintain ordination. However, I cannot be considered an ordained United Methodist Clergy member of The South Carolina Conference. Therefore, I will either surrender my Certificate of Ordination as a condition of this withdrawal or present it to the Conference Secretary's Office to be stamped with the approved message from the Council of Bishops and copied. 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.

___ I understand that if I choose to not surrender my Certificate of Conference Membership and my Certificate of Ordination (or present it to be stamped with the approved message from the Council of Bishops and copied) my official record will indicate that I was not in "Good Standing" at the time of my withdrawal.

___ 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 Secretary indicating that I was, at the time of my withdrawal, an ordained member in good standing of 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 denomination with which I seek to unite is: _____

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 effective as of the date indicated above.

DS Signature

Printed name

Date

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

Form 200: Notification of Intent to Withdraw to Unite With Another Denomination.

Membership:

Certificate of Conference Membership or

Substitute Credential Certificate(s) Form

Ordination Certificate:

Certificate of Ordination or

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
