

MISSIONARY UPHOLDERS TRUST
MUT SMILE Scheme, A Project of Missionary Upholders Trust (MUT)
Registration form for admission of new member of a member mission



Form-3

| | | | | | | | | | | | | |
|---|----------------|--|-----------------------------|--------------------------------|---|---|---|---|---|---|--------------------|--|
| I. Name of Mission | | | | AFFIX PHOTO (Passport Size) | | | | | | | | |
| II. Member Information | | | | | | | | | | | | |
| 1. NAME (IN CAPITAL LETTERS) | | | | | | | | | | | | |
| 2. SEX:- Male <input type="checkbox"/> Female <input type="checkbox"/> | | 3. Marital Status:- Married <input type="checkbox"/> Widower <input type="checkbox"/> (Please TICK applicable) Single <input type="checkbox"/> Widow <input type="checkbox"/> | | | | | | | | | | |
| 4. Date of Birth : | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table> | d | d | m | m | y | y | y | y | 5. Contact Number: | |
| d | d | m | m | y | y | y | y | | | | | |
| 6. Field Address : | | 7. Permanent Address : | | | | | | | | | | |
| 8. Number of Years of full time service completed in ministry: | | | | | | | | | | | | |
| 9. Languages Known: | | Mother Tongue | | | | | | | | | | |
| | | 1. | 2. | 3. | | | | | | | | |
| 10. Which Denomination do you belong to? | | | | | | | | | | | | |
| 11. Your responsibility as Missionary? (Please TICK applicable) <input type="checkbox"/> Field Missionary <input type="checkbox"/> Pastor <input type="checkbox"/> Administration <input type="checkbox"/> Teaching <input type="checkbox"/> Promotion <input type="checkbox"/> Others (Specify) | | | | | | | | | | | | |
| 12 About your ministry. | | | | | | | | | | | | |
| 13. With one reference and Contact number: | | | | | | | | | | | | |
| III Details of Family : | | | | | | | | | | | | |
| Name | Date of birth | Class of Study | If Employed, monthly salary | Relationship | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 14. Name of the Nominee | Address | Contact No. | Relationship | | | | | | | | | |
| | | | | | | | | | | | | |

14. Any Other Details:

D. Declaration

- I am in agreement with the faith statement of MUT.
- I wish to join the MUT SMILE Scheme. I have read and understood the rules and regulations of the Scheme as given in the brochure and accept the same.
- I agree for a one-time registration fee of Rs.50.
- I agree to contribute Rs.75* per month towards bereavement relief and medical scheme.
- I declare that my salary (basic plus DA) is less than Rs.20,000/
- In case of my demise, I declare that the above nominee should receive the MUT SMILE bereavement relief. If I am a bachelor or spinster, in the event of my marriage, I will resubmit the nomination form

Signature of Applicant/Date

Recommended and forwarded by leader of member Organization

I hereby certify that Mr./Mrs/Ms. is a fulltime worker.

Signature, name, designation of leader & date
(Of member organization with official seal)

* Subject to revision at a later date.

To be filled by MUT SMILE Office,

| | | |
|---|--|---|
| Please send original to: Secretary – MUT SMILE, C/o, Hope Ministries, 865, Kammanahalli Main Road, Vivekananda street, Bangalore-560 033. | Date of Receipt (For office use) | Registration Number (For (For office use) |
|---|--|---|

Special Instructions:

1. This form is the common registration form for the MUT SMILE Scheme which includes Bereavement Relief & Health Care Schemes.
2. The membership will be effective only from the date of receipt of hard copy of the application in MUT Bangalore office along with a non-refundable registration (corpus) fee of Rs.50/-only.
3. Membership of a missionary is eligible through member-missions approved in MUT only. If any member is retired, left the mission or expired it is the responsibility of the member- mission to inform MUT Bangalore office immediately. Contribution has to be paid by the Mission till the date of receipt of deletion intimation at MUT Bangalore office.
4. The spouse of the missionary may also be registered as member if not employed in a secular job, but equal amount of contribution is to be paid for the spouse also.
5. The maximum salary limit of a missionary to join MUT scheme will be Rs.20, 000/- per month at the time of first entry/registration in MUT Scheme.
6. In the event of death of a member, financial relief (as regulated by the guidelines) will be paid as follows:
 - (a) On death of a member-missionary, his spouse (or children) will be paid the death relief payment from the sacrificial contribution of fellow member-missionaries.
(Full payment – Rs.110000/- under MUT SMILE Bereavement Relief Scheme.)
 - (b) If the member is not married, the parents will be eligible to receive the full death relief payment as above.
 - (c) In case of a single missionary without both parents, own brother or sister who cared for the missionary, will be paid a maximum of 20% of Death Relief amount eligible on death of a missionary and as decided by the Admin. Committee. (Rs.25000/- maximum at present)
 - (d) Persons other than parents, children, brothers or sisters, the Mission is not eligible for any death relief payment from missionaries' contribution.
 - (e) All other special and specific cases will be decided by the MUT Scheme Administrative Committee based on the merits of each case.