



Complete this form to open your Life Rewards account.

### Participant Information

Name		Social Security Number	
Address	City	State	Zip
Work Phone	Home Phone	Date of Birth	
Employer Name		Date of Hire	
Employer Address	City	State	Zip
Payroll Manager or Employer Contact Person	Email	Phone Number	

This is an:  Original Election  Amended Election

### Investment Instructions

Please provide your investment allocation below after reading the Offering Circular and/or Prospectus carefully.

FUND	SALARY DEFERRAL	EMPLOYER CONTRIBUTION	ROLLOVER CONTRIBUTION
Vision Fund	_____ %	_____ %	_____ %
Columbia Balanced Fund *	_____ %	_____ %	_____ %
Columbia Large Cap Growth Fund *	_____ %	_____ %	_____ %
Columbia Mid Cap Growth Fund *	_____ %	_____ %	_____ %
<b>Totals</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>

*If no election is made, contributions will be invested in the Vision Fund until specific direction is given.*

\* For more information on the mutual fund investment options, see the Columbia Funds Prospectus. If you have additional questions, call Columbia Investor Services at (800) 345-6611 or visit [www.columbiafunds.com](http://www.columbiafunds.com).

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**Beneficiary Designation**

Please provide your beneficiary designation below. **If you wish to name someone other than your spouse as primary beneficiary, the consent provided below must be signed by your spouse and notarized.** Please refer to the Participant Handbook for more details.

In the event of your death, the following person(s) will be paid the value of your account. If the primary beneficiary is deceased, the next living contingent beneficiary will receive the value of your account. Please refer to the Participant Handbook for more information regarding death benefits. To name additional beneficiaries, attach a separate sheet.

1. \_\_\_\_\_    
 Name Social Security Number Primary Contingent  
 \_\_\_\_\_ %  
 Relationship Telephone Number Date of Birth Distribution  
 \_\_\_\_\_  
 Address City State Zip

2. \_\_\_\_\_    
 Name Social Security Number Primary Contingent  
 \_\_\_\_\_ %  
 Relationship Telephone Number Date of Birth Distribution  
 \_\_\_\_\_  
 Address City State Zip

**Spousal Consent**

I hereby consent to my spouse's designation of beneficiaries as listed above for his/her retirement plan account with Life Rewards Ministers Retirement Plan.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeared the above-named \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and acknowledged to me that he/she signed the above as his/her voluntary act and deed.

Notary Signature \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission expires \_\_\_\_\_

**Participant's Certification**

I affirm that I am an employee or credentialed minister of an Assemblies of God ministry and thereby qualify to participate in the Life Rewards Ministers Retirement Plan. I acknowledge that I have received and read current Offering Circulars and Prospectuses for the accounts I have selected. I agree to hold Church Extension Plan, Life Rewards, Plan Administrator and Trustee harmless for any action or omitted action based on directions or information I or my beneficiaries provide to them. I understand and agree that the Plan and related administrative policy may be amended from time to time, as will the Offering Circular and Prospectus for each fund. By my signature below I hereby certify that all information provided in this form is true and correct.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Acceptance Signature by Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_