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# ENROLLMENT AGREEMENT For Self-Employed or Retired Participants



Church Extension Plan  
LIFE REWARDS™

Complete this form to open your Life Rewards account.

## Participant Information

Employment Status:  Self-Employed  Retired

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

This is an:  Original Election  Amended Election

## Investment Instructions

Please provide your allocation below. If retired, only the Rollover Contribution column applies.

FUND	CONTRIBUTIONS	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>

*If self-employed, you are responsible for determining that your contributions do not exceed the limitations under Section 402(g) and 415 of the Internal Revenue Code. Please refer to the Participant Handbook for details.*

*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).

Continued on next page >

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## For Self-Employed or Retired Participants p.2



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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	<input type="checkbox"/>	<input type="checkbox"/>	
			Primary	Contingent	%
	Relationship	Telephone Number	Date of Birth	Distribution	
	Address	City	State	Zip	
2.	Name	Social Security Number	<input type="checkbox"/>	<input type="checkbox"/>	
			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 a credentialed Assemblies of God minister of a non-profit 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 \_\_\_\_\_