

403(b) Enrollment Agreement — Employee

PARTICIPANT INFORMATION

| | | | |
|--|------------------------|---------------|-----|
| Full Name | Social Security Number | Date of Birth | |
| Gender | Daytime Phone | Email | |
| Mailing Address | City | State | ZIP |
| Physical Address (If different than above) | City | State | ZIP |

EMPLOYER INFORMATION

| | | | |
|--|--------------|-------|-----|
| Employer Name | Date of Hire | | |
| Employer Address | City | State | ZIP |
| Payroll Manager or Employer Contact Person | Phone | | |
| Contact Person Email | | | |

- This is an original enrollment
 This is an amended enrollment

INVESTMENT ALLOCATIONS (If no election is made, 100% of contributions will be invested in the Vision Fund)

| ALLOCATION | SALARY DEFERRAL | EMPLOYER CONTRIBUTION | ROLLOVER CONTRIBUTION |
|---|-----------------|-----------------------|-----------------------|
| Vision Fund (Offered by Church Extension Plan) | _____ % | _____ % | _____ % |
| Mutual Funds* (Offered by Envoy Financial – See Enclosed List) | _____ % | _____ % | _____ % |
| Totals | 100 % | 100 % | 100 % |

*You will receive login information for envoyfinancial.com where you will create a login and choose your investment allocation(s). Contributions will be invested in the Target Date fund that is closest to your 65th birthday until you select your investment allocation(s).

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BENEFICIARY DESIGNATION

If you wish to name someone other than your spouse as primary beneficiary, the spousal consent on page 3 must be signed by your spouse and notarized. Please refer to the Employee Handbook for more information regarding death benefits. In the event of your death, the following primary beneficiary(s) will be paid the value of your account. If any primary beneficiary(s) dies before you, his or her interest shall terminate completely and the percentage share of any remaining primary beneficiary(s) shall be increased on a pro rata basis. If no primary beneficiary(s) survives you, the contingent beneficiary(s) shall acquire the designated share of the retirement account. To name additional beneficiaries, attach a separate sheet.

Marital Status: Married Not Married

Beneficiary 1 Primary Contingent

| | | | |
|--------------------------------------|---------------|----------------|-----|
| Full Name of Individual/Organization | Relationship | Distribution % | |
| Social Security Number/Tax ID Number | Date of Birth | Phone | |
| Address | City | State | ZIP |

Beneficiary 2 Primary Contingent

| | | | |
|--------------------------------------|---------------|----------------|-----|
| Full Name of Individual/Organization | Relationship | Distribution % | |
| Social Security Number/Tax ID Number | Date of Birth | Phone | |
| Address | City | State | ZIP |

Beneficiary 3 Primary Contingent

| | | | |
|--------------------------------------|---------------|----------------|-----|
| Full Name of Individual/Organization | Relationship | Distribution % | |
| Social Security Number/Tax ID Number | Date of Birth | Phone | |
| Address | City | State | ZIP |

Beneficiary 4 Primary Contingent

| | | | |
|--------------------------------------|---------------|----------------|-----|
| Full Name of Individual/Organization | Relationship | Distribution % | |
| Social Security Number/Tax ID Number | Date of Birth | Phone | |
| Address | City | State | ZIP |

Please list any additional beneficiaries on a separate sheet of paper and attach to this form.

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SPOUSAL CONSENT *(If you wish to name someone other than your spouse as primary beneficiary, the consent below must be signed by your spouse and notarized)*

I hereby consent to my spouse's designation of beneficiaries as listed on page 2 of his/her 403(b) Enrollment Agreement.

Spouse Signature

Date

NOTARY INFORMATION *(To be completed by notary public)*

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

Date

Notary Public for: _____ My commission expires: _____

[NOTARY SEAL HERE]

PARTICIPANT SIGNATURE

I affirm that I am an employee or credentialed minister of an Assemblies of God ministry and thereby qualify to participate in the 403(b) Retirement Plan at Church Extension Plan. I acknowledge that I have read the current Offering Circular and Prospectuses for the funds I have selected. I agree to hold Church Extension Plan, the 403(b) Plan Administrator and Trustee, harmless for any action or omitted action based on directions or information I or my beneficiaries provide 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 Signature

Date

SUBMITTING YOUR FORM

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.

ACCEPTANCE *(To be completed by Church Extension Plan)*

Authorized Signature

Date