

Contribution Agreement

PARTICIPANT INFORMATION

Complete this form if you will be making salary deferral contributions to your Life Rewards™ 403(b) retirement account. This agreement is between you and your employer. Keep the original for your records and send a copy to Church Extension Plan.

Employee Name _____ Social Security Number _____

Employee Mailing Address _____ City _____ State _____ ZIP _____

Employer Name _____

Employer Mailing Address _____ City _____ State _____ ZIP _____

- Original Contribution Agreement
- Amended Contribution Agreement

SALARY DEFERRAL INFORMATION

I instruct my Employer to defer my salary each pay period beginning _____ (must be after the date of execution stated on this agreement) as indicated below:

Flat Dollar Amount: \$ _____ or Compensation Percentage: _____ %

This agreement shall remain in effect until it is either terminated or updated with a different stated amount in writing by the Employee, or the Employee's relationship with the Employer is discontinued. The Employee is responsible for determining that his/her salary deferral does not exceed the limitations under Section 402(g) and 415 of the Internal Revenue Code. Please refer to the Participant Handbook for details.

SIGNATURE

It is understood that the amount of salary deferral contribution will be sent directly to my Life Rewards™ 403(b) retirement account.

Employee Signature _____ Date _____

The Participating Employer understands that Salary Deferral contributions must be sent promptly after the day they are withheld from the employees' wages, but in no event can the payment be postmarked later than the 15th day of the following month.

Employer Signature _____ Employer Title _____ Date _____

Make contribution checks payable to: Church Extension Plan