

403(b) Enrollment Agreement

EMPLOYEE

LIFE REWARDS™

1

PARTICIPANT INFORMATION

Prefix	Full Name	Gender	Date of Birth
Social Security Number	Daytime Phone	Email	
Mailing Address	City	State	ZIP
Physical Address (If different than above)	City	State	ZIP
Employer Name	Date of Hire		
Employer Address	City	State	ZIP
Payroll Manager or Employer Contact Person	Phone	Email	

- This is an original election
- This is an amended election

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 <i>Offered by Church Extension Plan</i>	_____ %	_____ %	_____ %
Mutual Funds* <i>Offered by Envoy Financial (See Enclosed List)</i>	_____ %	_____ %	_____ %
Totals	100 %	100 %	100 %

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

CONTINUED ON NEXT PAGE >

403(b) Enrollment Agreement

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(ies) will be paid the value of your account. If any primary beneficiary(ies) dies before you, his or her interest shall terminate completely and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives you, the contingent beneficiary(ies) shall acquire the designated share of the retirement account. To name additional beneficiaries, attach a separate sheet.

Beneficiary 1 Primary Contingent

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

Beneficiary 2 Primary Contingent

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

Beneficiary 3 Primary Contingent

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

Beneficiary 4 Primary Contingent

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

CONTINUED ON NEXT PAGE >

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If you wish to name someone other than your spouse as primary beneficiary, the consent below must be signed by your spouse and notarized.

SPOUSAL CONSENT

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

Spouse's 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]

SIGNATURE

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™ 403(b) Retirement 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, 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 Signature

Date

Acceptance Signature by Church Extension Plan

Date

SUBMITTING YOUR FORMS

Send your completed form, with any attachments to Church Extension Plan in one of the following ways:

By Mail:

Church Extension Plan
Attn: Investments
PO Box 12629
Salem, OR 97309-0629

By Fax:

503-581-3237

By Email:

Send a scanned PDF (or similar format) to:
investment@cepnet.com