

# 403(b) Enrollment Agreement

SELF-EMPLOYED OR RETIRED PARTICIPANT

LIFE REWARDS™

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## PARTICIPANT INFORMATION

Employment Status:  Self-Employed  Retired

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

- 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.)*

If retired, only the Rollover Contribution Column applies. 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.

ALLOCATION	SALARY DEFERRAL	EMPLOYER CONTRIBUTION	ROLLOVER CONTRIBUTION
<b>Vision Fund</b> <i>Offered by Church Extension Plan</i>	_____ %	_____ %	_____ %
<b>Mutual Funds*</b> <i>Offered by Envoy Financial (See Enclosed List)</i>	_____ %	_____ %	_____ %
<b>Totals</b>	<b>100</b> %	<b>100</b> %	<b>100</b> %

\*You will be emailed a link to [envoyfinancial.com](http://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).

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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(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

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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 a credentialed minister of an Assemblies of God non-profit ministry or retired with said credentials and thereby qualify to participate in the Life Rewards™ 403(b) Ministers Retirement Plan. I acknowledge that I have read the current Offering Circulars 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