

# 403(b) Enrollment Agreement — Self-Employed

## PARTICIPANT INFORMATION

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

- 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. You are responsible for verifying 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 | 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> %          |

\*You will receive login information for [envoyfinancial.com](http://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).

## 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 |

*Continued on next page >*



# 403(b) Enrollment Agreement — Self-Employed



## BENEFICIARY DESIGNATION (CONTINUED)

**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 |

**Beneficiary 5**       Primary       Contingent

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

**Beneficiary 6**       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.

Continued on next page >

# 403(b) Enrollment Agreement — Self-Employed



## **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 a self-employed credentialed minister of the Assemblies of God. I acknowledge that I have received Church Extension Plan's current Vision Offering Circular and/or the Prospectuses for the fund(s) I have selected. I agree to indemnify and hold Church Extension Plan, the 403(b) Plan Administrator and Trustee, harmless from any action or omitted action based on directions or information I or my beneficiaries provide. I understand and agree that the 403(b) plan and related administrative policy may be amended from time to time, as will the Vision Offering Circular and/or the Prospectus for each selected fund. By my signature below, I hereby certify that all information provided in this 403(b) Enrollment Agreement 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](mailto: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