

# 403(b) Participant Agreement — District Contributions

## PARTICIPANT INFORMATION

Full Name	Social Security Number	Date of Birth	
Gender	Daytime Phone	Email	
Mailing Address	City	State	ZIP
District Name	Church Name		

### Enrollment Type (Check one):

- Original Enrollment  
 Amended Enrollment

### Employment Status (Check one):

- Currently Employed by an Assembly of God Ministry  
 Retired

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

_____ %	<b>Vision Fund</b> (Offered by Church Extension Plan)
_____ %	<b>Mutual Funds*</b> (Offered by Envoy Financial – See Enclosed List)
<b>100</b> %	<b>Totals</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).

## NAMING BENEFICIARIES

In the event of your death, the following beneficiary(s) will be paid the value of your account. If any primary beneficiary 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 survives you, the contingent beneficiary(s) shall acquire the designated share of the retirement account.

Marital Status:  Married  Not Married

## BENEFICIARY DESIGNATION

**Spouse\***  Primary

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

\*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.

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## BENEFICIARY DESIGNATION *(Continued)*

**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

**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

*To name additional beneficiaries, attach a separate sheet. Please refer to the Employee Handbook for more information regarding death benefits.*

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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 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