

Ministerial /Member # _____

Name: _____

CHURCH OF GOD
BENEFITS BOARD, INC.
P.O. Box 4608
Cleveland, TN 37320-4608

Employer Contribution	\$	_____
Salary Reduction	\$	_____
Total Deposit	\$	_____

- I am 50 years old or older
- I have been credentialed or worked for the church for 15 years or more

Any excess contributions will be posted to the "catch-up" provisions if the participant is eligible for such.

Bring Your Financial Future Into Focus

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