



• Post Office Box 4608 • Cleveland, Tennessee 37320-4608

FOR OFFICE USE ONLY
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Acct. No. _____

APPLICATION

APP110W

PERSONAL INFORMATION: Reverend Dr. Mr. Mrs. Ms.

Name: First: _____ MI: ____ Last: _____ Ministerial File No.: _____

Home Address: _____ U. S. Citizen: Yes No

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone No.: _____ Soc. Sec. No.: _____

E-mail address: _____

Marital Status: Married Single Gender: Male Female

I DESIGNATE THE FOLLOWING AS MY PRIMARY BENEFICIARY: (Must be spouse if married unless waiver filed):

Name: First: _____ MI: ____ Last: _____

Date of Birth: _____ Soc. Sec. No.: _____

I DESIGNATE THE FOLLOWING SECONDARY BENEFICIARY(IES) FOR ANY PROCEEDS PAYABLE UPON MY DEATH:

Name: First: _____ MI: ____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____%

Name: First: _____ MI: ____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____%

Name: First: _____ MI: ____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____%

Name: First: _____ MI: ____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____%

Please Check One:

If a secondary beneficiary fails to survive me, his or her share shall go to my other secondary beneficiaries in equal share **OR** his or her share shall be divided among the deceased beneficiary's heirs by right of representation.

(For additional beneficiaries, please attach a paper with full name, address, social security number, share amount, and relationship of each.)

EMPLOYMENT INFORMATION

Employer/Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Full-time Part-time

Most recent hire date with this employer: ____/____/____ Years in paid Church of God service: _____

INVESTMENT ALLOCATION

You may invest in one or any combination of the four investment options. Please indicate the percentage that you want invested in each fund (must total 100%). Investment changes can be made monthly after enrollment.

If you do not make an investment allocation, the Board has designated the Trustees' Fund as the default investment option. All undesignated contributions will be placed in the Trustees' Fund until you change your election.

I elect that my contributions (member and/or employer) be invested as follows:

Investment Options	Percentage (multiples of 5%)
TRUSTEES' FUND (Manager: Benefits Board)	_____ %
LARGE CAPITALIZATION STOCK FUND (Manager: Eagle Capital and Rigel Capital)	_____ %
SMALL CAPITALIZATION STOCK FUND (Manager: Wentworth, Hauser & Violich)	_____ %
INTERNATIONAL STOCK FUND (Manager: NWQ)	_____ %
Total	100%

Please Check: I request that the Benefits Board invest my contributions based upon my investment choices above. I have reviewed the information provided by the fund managers and I make this selection based upon my own investment judgment. I also realize that past results are not a guarantee of future performance. If I need additional information, I know that I can contact the Benefits Board.

CERTIFICATION:

BY SUBMITTING THIS APPLICATION, I CERTIFY THAT I AM ELIGIBLE FOR PARTICIPATION IN THE MINISTERS' RETIREMENT PLAN BECAUSE I AM EITHER A MINISTER (INCLUDING A CHAPLAIN OR EVANGELIST) OR AN EMPLOYEE OF A CHURCH OR CHURCH-RELATED ENTITY ASSOCIATED WITH THE CHURCH OF GOD, CLEVELAND, TENNESSEE.

FURTHER, BY CHECKING THIS BOX I UNDERSTAND THAT MY APPLICATION CAN NOT BE FULLY PROCESSED UNTIL I SEND IN THE ACCOMPANYING SIGNATURE PAGE, SIGNED AND DATED BY MY SPOUSE AND ME, UPON WHICH MY BENEFICIARIES ARE RESTATED.

If you click on Submit and you are given a message that the application is not complete and then you are taken to a Signature Page without being asked to E-mail the application to the Benefits Board, your application has not been sent. Please press the Back button on your browser and complete the application, making sure that all appropriate boxes are checked.



Signature Page and Application Confirmation

**To: Benefits Board, Inc.
Post Office Box 4608
Cleveland, Tennessee 37320-4608**

Re: First: _____ MI: ____ Last: _____
Address: _____
City: _____ State: _____ Zip Code _____
Ministerial File No.: _____

By the signatures of my spouse and I below, this is confirmation that I forwarded an electronic application for enrollment in the Ministers' Retirement Plan.

As per my application, my **primary** beneficiary (spouse unless a waiver is in place) is:

First: _____ MI: ____ Last: _____

In addition, my **secondary** beneficiaries as per my application are as follows:

First: _____ MI: ____ Last: _____

First: _____ MI: ____ Last: _____

First: _____ MI: ____ Last: _____

First: _____ MI: ____ Last: _____

First: _____ MI: ____ Last: _____

(NOTE: All beneficiaries must be restated here to be legally valid.)

I understand that this designation will remain in force until I change or revoke the designation in writing on a form received and designated by the Board of Trustees of the Ministers' Retirement Plan.

Member's signature _____ Date ____/____/____

Spouse's signature _____ Date ____/____/____

NOTE: This page must be completed, printed, signed, and then mailed to the Benefits Board at the above address to fully complete your application.