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APPLICATION FOR PARTICIPATION IN THE MINISTERS' RETIREMENT PLAN

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

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 _____%

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 want different investment allocations for your Traditional and Roth accounts, you must submit two separate applications – or you can change your investment allocation for each account separately after you have enrolled.)

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 <i>(Manager: Benefits Board)</i>	_____ %
LARGE CAPITALIZATION STOCK FUND <i>(Manager: Eagle Capital and Neuberger-Berman)</i>	_____ %
SMALL CAPITALIZATION STOCK FUND <i>(Manager: WHV)</i>	_____ %
INTERNATIONAL STOCK FUND <i>(Manager: Cambiar)</i>	_____ %
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 CANNOT BE FULLY PROCESSED UNTIL I SEND IN THE SIGNATURE PAGE, SIGNED AND DATED BY MY SPOUSE AND ME, UPON WHICH MY BENEFICIARIES ARE RESTATED. (THE SIGNATURE PAGE WILL BE PROVIDED TO YOU BY THE BENEFITS BOARD STAFF.)

I HAVE READ ALL INFORMATION REGARDING MEMBERSHIP AND POLICY REQUIREMENTS FOR PARTICIPATION IN THE MINISTERS' RETIREMENT PLAN AND AGREE TO SUCH.

Member's signature _____

Date _____

Spouse's signature _____

Date _____