



Signature Page and Application Confirmation

If you wish to enroll in both a Traditional and Roth 403(b) account, and you wish the same designation to apply to both, please check both boxes. If not, please complete a separate form for each.

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

New Member

Current Member

Member No: _____

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: _____

Soc. Sec. No: _____ Telephone No: _____

Marital Status: Married Single Widow/Widower Gender: Male Female

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 (*must be spouse if married unless a waiver is filed*) is:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

A. First: _____ MI: _____ Last: _____ Share Percentage: _____ %

Address: _____ City: _____

State: _____ Zip: _____ Soc. Sec. No.: _____ Relationship: _____

B. First: _____ MI: _____ Last: _____ Share Percentage: _____ %

Address: _____ City: _____

State: _____ Zip: _____ Soc. Sec. No.: _____ Relationship: _____

C. First: _____ MI: _____ Last: _____ Share Percentage: _____ %

Address: _____ City: _____

State: _____ Zip: _____ Soc. Sec. No.: _____ Relationship: _____

D. First: _____ MI: _____ Last: _____ Share Percentage: _____ %

Address: _____ City: _____

State: _____ Zip: _____ Soc. Sec. No.: _____ Relationship: _____

E. First: _____ MI: _____ Last: _____ Share Percentage: _____ %

Address: _____ City: _____

State: _____ Zip: _____ Soc. Sec. No.: _____ Relationship: _____

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

Please check one:

If a second beneficiary fails to survive me,

his or her share shall go to my other beneficiaries in equal share

OR

his or her share shall be divided among the deceased beneficiary's heirs by right of representation. *Please list on a separate page with your signature and date. Do not list them on this form.*

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. Further, I understand that this beneficiary designation will apply to ALL my accounts in the Ministers' Retirement Plan unless I otherwise make separate designations.

Member's signature _____ Date _____

Spouse's signature _____ Date _____