

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 (03/25)

Name: _____ Member No.: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____ Telephone No.: (____) _____

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

PRIMARY BENEFICIARY

(If married, must be spouse unless waiver filed)

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

Address: _____ Date of Birth _____
 _____ Relationship _____

SECONDARY BENEFICIARY (IES)

(NOTE: Secondary beneficiaries inherit your account only if the primary beneficiary is deceased. If you would like to name multiple primary beneficiaries and your spouse is deceased or has signed a waiver, please list those beneficiaries below. Please note the percentage that each beneficiary should receive if more than one is named.)

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

Address: _____ Relationship _____
 _____ Share _____% Telephone (____) _____

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

Address: _____ Relationship _____
 _____ Share _____% Telephone (____) _____

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

Address: _____ Relationship _____
 _____ Share _____% Telephone (____) _____

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

Address: _____ Relationship _____
 _____ Share _____% Telephone (____) _____

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. *Do not list them on this form.*

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

I understand that this document must be signed by me and my spouse, as well as returned to the Church of God Benefits Board at the address above, **BEFORE** I can make contributions to my retirement account.

Member's signature _____ Date ____/____/____

Spouse's signature _____ Date ____/____/____