



## Annuity Plan Membership

**EMPLOYER ID: 64100**

**MEMBER ID: \_\_\_\_\_ [ ] EXISTING MEMBER**

By completing and submitting this form, I hereby apply for membership in the Annuity Plan for the United Church of Christ, in accordance with its provisions, rules and procedures.

### PERSONAL INFORMATION

SSN: \_\_\_\_\_ Gender: [ ] M [ ] F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: [ ] Rev. [ ] Dr.

Relationship Status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Civil Union [ ] Domestic Partner

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

### SPOUSE / PARTNER INFORMATION (if applicable)

Name of Spouse / Partner (last, first, middle initial): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYEE INFORMATION

Employee Type: [ ] Clergy [ ] Lay Date Commenced Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Type: [ ] Full Time [ ] Part Time [ ] Contract Average Hours Worked Per Week: \_\_\_\_\_

For Clergy Only: Ordination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Conference: \_\_\_\_\_ Self Employed: [ ] Y [ ] N

### COMPENSATION/SALARY INFORMATION

Salary Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Base Salary: \$ \_\_\_\_\_

Housing Allowance: \$ \_\_\_\_\_

Total Base plus Housing Allowance: \$ \_\_\_\_\_

**Please note: Any changes to salary will be entered on the first day of the month following the Salary Effective Date.**

**PENSION DUES CONTRIBUTION**

It is my present intention and that of my employer to make the following pension dues payments to the Annuity Plan.

Employer contributions: \_\_\_\_\_% Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\*Per payroll deduction

Employee Pre-tax salary reduction contribution\* \_\_\_\_\_% or \$\_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Employee After-tax salary reduction contribution\* \_\_\_\_\_% or \$\_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Please note: Any changes to contribution amounts will be entered on the first day of the month following the Effective Date.**

**\*PAYROLL DEDUCTIONS – EMPLOYEE ELECTIONS**

Compensation Frequency

- Monthly (12 paychecks per year)     Twice monthly (24 paychecks per year)
- Bi-Weekly (26 paychecks per year)     Weekly (52 paychecks per year)

**INVESTMENT ALLOCATIONS**

Information about our funds are available online.

	Sustainable Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	TAD Fund 2045	TAD Fund 2050	Fund percentage must total 100%
Allocation of Future Contributions (5% increments)												
1	Employer Contributions	%	%	%	%	%	%	%	%	%	%	Total: ____%
2	Employee TSA and After-Tax Contributions	%	%	%	%	%	%	%	%	%	%	Total: ____%

After this pension account is established, you will receive a seven-digit Member ID number indicated in your enrollment letter. Your Member ID may be used on any correspondence sent to the Pension Boards. It may also be used to access the Member Portal on our website at [www.pbucc.org](http://www.pbucc.org). If you do not elect a beneficiary, your Estate will be the primary beneficiary. If you do not indicate your desired allocations, any contributions made on your behalf will be invested in the Target Annuitization Date (TAD) Fund most appropriate to your anticipated retirement timeline based on your age.

**BENEFICIARY INFORMATION:**

**Beneficiary(ies):** I hereby designate the following as Primary or Secondary Beneficiary(ies). If more than one is designated, each surviving Beneficiary shall receive the percentage share indicated. Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

**Total proportion of designations must total 100%.**

Name (last, first, middle initial): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender:  M  F

Annuity:  Primary \_\_\_\_\_%  Secondary \_\_\_\_\_%

Name (last, first, middle initial): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: [ ] M [ ] F

Annuity: [ ] Primary \_\_\_\_\_% [ ] Secondary \_\_\_\_\_%

Name (last, first, middle initial): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: [ ] M [ ] F

Annuity: [ ] Primary \_\_\_\_\_% [ ] Secondary \_\_\_\_\_%

Name (last, first, middle initial): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: [ ] M [ ] F

Annuity: [ ] Primary \_\_\_\_\_% [ ] Secondary \_\_\_\_\_%

Note: Please use separate piece of paper for any additional beneficiary information and attach to application.

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### **SPOUSAL CONSENT**

Spousal consent is required if the applicant is married and has not designated their spouse as the sole beneficiary.

Spouse's Consent:

[ ] I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### **NOTARY**

**Please note: A notary is only required if the spouse is signing the form.**

Notary's Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Notary's Stamp:

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### **EMPLOYEE / EMPLOYER AGREEMENT**

By signing this form, the Employer, by its duly authorized officer or other representative, hereby agrees to the provisions, rules, and procedures with respect to eligibility and contributions as indicated on this application, and in alignment with the Employer Adoption Agreement.

[ ] I understand that the amount of such reduction, pursuant to this election, will be withheld from my pay on a pre-tax and/or after-tax basis, as specified above, and will be paid by my employer into my account in the Annuity Plan.

I understand that (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; and (2) any changes in elective deferrals is effective only for deferrals from pay I received after the plan administrator accepts my change of election.

I further understand that written notice must be given before the effective date of any modification. This election will remain in effective until I revoke it in writing or until I complete a new Employee Pre-Tax Retirement Contribution Agreement.

[ ] I have attached a copy of my birth certificate. If I cannot supply a birth certificate, I have attached a copy of my passport or driver's license.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Witness's Signature (not a beneficiary): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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Employer Name: Brewster Place

Employer Address: 1205 SOUTHWEST 29TH STREET, TOPEKA, KS 66611

Signature of authorized officer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.