



Annuity Plan Membership

EMPLOYER ID: _____

☐ NEW EMPLOYER

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: _____ Date of Birth: _____ Title: _____

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Civil ☐ Domestic Partnership

Name of Employee (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

EMPLOYEE INFORMATION

Employee Type: ☐ Clergy ☐ Lay ☐ Herring Stark Grantee 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

SALARY INFORMATION

Salary Effective Date: ____ / ____ / ____

Date Approved by Church: ____ / ____ / ____

Cash Salary: \$ _____

Housing Allowance: \$ _____

Total Cash plus Housing Allowance: \$ _____

Average Number of Hours Worked per week: _____

☐ Full Time ☐ Part Time

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: _____% or \$ _____

Effective Date: ____ / ____ / ____

Employee Pre-tax salary reduction contributions: _____% or \$ _____

Effective Date: ____ / ____ / ____

Employee After tax dollars reduction contribution: _____% or \$ _____

Effective Date: ____ / ____ / ____

INVESTMENT ALLOCATIONS

		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	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
Reallocation of Current Balances (1% increments below)													
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____%

Information about our funds are available online.

After this pension account is established you will receive a seven-digit Member ID indicated in your enrollment letter. Your Member ID may be used on any correspondence sent to the Pension Boards. It may also be used on our website at www.pbucc.org Member Portal. 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 (Must equal 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 _____%

EMPLOYEE / EMPLOYER 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: _____

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.

Employer Name: _____

Signature of authorized officer: _____ Date: _____