



The Pension Boards
 United Church of Christ, Inc.
 WHERE FAITH AND FINANCE INTERSECT



St Paul's Homes New Annuity Plan Enrollment

EMPLOYER ID: 15464

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
 Date of Marriage : ____/____/____
 Name of Member (last, first, middle initial): _____
 Address: _____ City _____ State _____ ZIP _____
 Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

EMPLOYEE INFORMATION

Employee Type: Clergy Lay Date of Hire: _____
 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 Salary plus Housing Allowance: \$ _____

Please note – Any changes to salary will be entered on the 1st 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. All deductions are on a payroll frequency.

Please note: Any changes to contribution amounts will be entered on the 1st of the month following the Effective Date.

Employer Contributions: _____% Effective Date: ____ / ____ / _____

EMPLOYEE RETIREMENT CONTRIBUTIONS

Employee Pre-Tax Salary Reduction**** _____ % or \$ _____ Effective Date: ____ / ____ / _____

Employee After-Tax Salary Reduction**** _____ % or \$ _____ Effective Date: ____ / ____ / _____

******PAYROLL DEDUCTIONS 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 is 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 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, to access the Member Portal. If you do not indicate your desired allocations, any contributions made on your behalf will be invested in the Target Annuity 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. If you do not elect a beneficiary, your Estate will be the primary beneficiary. Do not write the name of the guardian on this form. **Total proportion of designations must total 100%.**

BENEFICIARY INFORMATION - continued

1. SSN: _____ Name (last, first, middle initial): _____
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____ [] Domestic [] Foreign
City _____ State _____ Zip Code _____
Relationship to participant: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F
Annuity: [] Primary _____% [] Secondary _____%

2. SSN: _____ Name (last, first, middle initial): _____
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____ [] Domestic [] Foreign
City _____ State _____ Zip Code _____
Relationship to participant: _____ Date of Birth: ____ / ____ / _____ Gender: [] M [] F
Annuity: [] Primary _____% [] Secondary _____%

[] Additional Primary and Secondary Beneficiary(ies): Check if applicable, and list information on a separate sheet of paper and attach to this form.

EMPLOYEE (Member) AGREEMENT

[] As a Member (as defined in the Annuity Plan document), together with my designated Beneficiary or Beneficiaries (as defined in the Annuity Plan document) I acknowledge that the Annuity Plan document is available - to me **on the Pension Boards website - [Annuity Plan Document.pdf \(pbucc.org\)](http://pbucc.org)**. In addition, I acknowledge that I and my Beneficiary shall, at all times, be subject to the terms and conditions of the Annuity Plan document, as the same may be amended, modified, or supplemented at the sole discretion of The Pension Boards–United Church of Christ, Inc.

[] I understand: (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; (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 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; and (3) written notice must be given before the effective date of any modification. This election will remain in effective until I revoke 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. **(THIS APPLIES TO FIRST-TIME ENROLLMENTS ONLY.)**

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Employee (Member) Signature: _____ **Date:** ____ / ____ / _____

Required if Participating in the Annuity Benefits Plan.

Witness's Signature (not a beneficiary): _____ **Date:** ____ / ____ / _____

SPOUSAL CONSENT

Spousal consent is required if the applicant is married and has not designated their spouse as the sole beneficiary. Please note: A notary is also required if the spouse is signing the form.

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:

EMPLOYER AGREEMENT

If you are a new Employer to the Pension Boards, you must complete a Qualified Church-Controlled Organization (QCCO) form and submit it to the Pension Boards at the address listed below or attach the form to the application for enrollment.

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: **St Paul's Home**

Employer Address: **339 E JAMESTOWN ROAD, GREENVILLE, PA, 16125**

Signature of authorized officer: _____ Date: ____ / ____ / _____