



**Salary Basis**

Cash salary on an annualized basis \$	If parsonage is provided, indicate its annual rental value \$	OR	Amount of annual housing allowance, if provided in lieu of parsonage \$
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**Pension Dues**

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

Date pension dues will begin	Percent of salary basis contributed by your employer (pre-tax dollars)	Additional tax-sheltered salary reduction contributions (pre-tax dollars)	Percent of salary basis contributed by you from after-tax dollars	Total	Dollar amount of annual pension dues
/ /	%	%	%	%	\$ (Total percentage times salary basis)

**Employer Agreement**

**I hereby agree that the pension dues payments will be made by the employer with respect to the applicant.**

Name of church or other employer	Telephone number (with area code) ( )	
Address (number and street)	City, State, ZIP	
Official signature	Title	Date / /20

**Allocation of Pension Dues**

**I elect to have my future pension dues allocated as indicated below.**

<p>Employer contributions and employee-required after-tax contributions</p> <p>Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:</p> <p>To the Target Annuity Date Fund 2015 _____%</p> <p>To the Target Annuity Date Fund 2020 _____%</p> <p>To the Target Annuity Date Fund 2025 _____%</p> <p>To the Target Annuity Date Fund 2030 _____%</p> <p>To the Balanced Fund _____%</p> <p>To the Bond Fund _____%</p> <p>To the Equity Fund _____%</p> <p>To the Stable Value Fund _____%</p> <p>TOTAL (must equal 100%) _____%</p>	<p>Employee pre-tax (TSA) contributions and extra after-tax contributions</p> <p>Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:</p> <p>To the Target Annuity Date Fund 2015 _____%</p> <p>To the Target Annuity Date Fund 2020 _____%</p> <p>To the Target Annuity Date Fund 2025 _____%</p> <p>To the Target Annuity Date Fund 2030 _____%</p> <p>To the Balanced Fund _____%</p> <p>To the Bond Fund _____%</p> <p>To the Equity Fund _____%</p> <p>To the Stable Value Fund _____%</p> <p>TOTAL (must equal 100%) _____%</p>
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Indicate both employer and employee contributions. You may change your election at any time by completing an Allocation of Future Contributions Form. The new allocation will be effective on the first of the month following the Pension Boards' receipt of your form.

**Beneficiary Information**

(Note: You do not need to have a spouse to name a beneficiary.)

**Primary Beneficiary: I hereby designate the following as Primary Beneficiary(ies).**

**If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated.**

**If none is indicated, each shall share equally.**

Social Security Number		Name (last, first, middle initial)	
Address (number and street)		City, State, ZIP	
Date of birth / /	Relationship	Percentage share %	
Social Security Number		Name (last, first, middle initial)	
Address (number and street)		City, State, ZIP	
Date of birth / /	Relationship	Percentage share %	
Social Security Number		Name (last, first, middle initial)	
Address (number and street)		City, State, ZIP	
Date of birth / /	Relationship	Percentage share %	
Additional primary beneficiaries may be listed on a separate sheet. (Check box if applicable.) <input type="checkbox"/>			
<b>Spousal Consent</b>			
Spousal consent is required if the applicant is married and has not designated her or his spouse as the sole beneficiary.			
<b>Spouse's consent: I hereby consent to the above beneficiary(ies) designated by my spouse.</b>			
Spouse's signature		Date / /20	
Signature and stamp of notary public		Date / /20	

<b>Secondary Beneficiary: If the Primary Beneficiary(ies) die(s) before me, I designate the following as Secondary Beneficiary(ies). If more than one Secondary Beneficiary is designated, payment shall be made according to the percentage share indicated, or all to the last survivor.</b>		
Social Security Number		Name (last, first, middle initial)
Address (number and street)		City, State, ZIP
Date of birth / /	Relationship	Percentage share %
Social Security Number		Name (last, first, middle initial)
Address (number and street)		City, State, ZIP
Date of birth / /	Relationship	Percentage share %
Additional primary beneficiaries may be listed on a separate sheet. (Check box if applicable.) <input type="checkbox"/>		
<b>Designation of Trustee</b> <b>If any beneficiary entitled to payment is a minor at my death,</b> <b>I designate the following person as trustee for such beneficiary.</b>		
Social Security Number		Name (last, first, middle initial)
Address (number and street)		City, State, ZIP
Date of birth / /	Relationship	Telephone number (with area code) ( )
<b>Signature and Date</b>		
Signature of applicant		Date / /20
Signature of witness (not a beneficiary)		Date / /20

#### Application Checklist

To avoid delay in processing your application, be certain to:

- Review your application.
- Attach a copy of your birth certificate. If you cannot supply a copy of a birth certificate, attach a copy of a passport or driver's license.
- Obtain the signature of your spouse (if applicable; see page 3).
- Obtain the signature of your church treasurer or other official employer representative (see page 2)
- Sign the application above and have your signature witnessed by someone other than a beneficiary