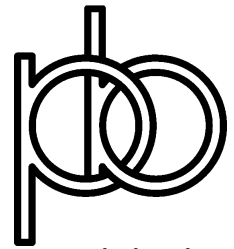


Pension Boards
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Flexible Benefit Plan for UCC Ministries
Election Not to Participate

PERSONAL INFORMATION	
Social Security number	Employee number <i>(if available/applicable)</i>
Employee's name <i>(Last, first, middle)</i>	
Address	City/State/ZIP
<p>I understand all the benefit options available under the Plan.</p> <p><input type="checkbox"/> I cannot change or revoke this election to receive full compensation in cash at any time during the Plan Year, unless I have a change in status (such as marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or part-time to full-time, my spouse or I taking an unpaid leave of absence, and such other events as the Plan Administrator determines will permit a change or revocation of an election.</p> <p><input type="checkbox"/> Prior to each Plan Year, I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my election to receive full cash compensation in effect for the new Plan.</p>	
Employee signature	Date
Administrator	Date