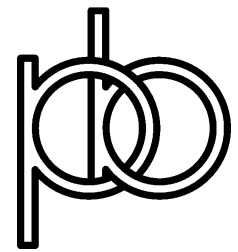


Pension Boards
United Church of Christ

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 New York, NY 10115-0059

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Retirement Savings Account (RSA) Application

INSTRUCTIONS

Note: This form communicates your desire to establish an Annuity Fund Retirement Savings Account (RSA) and your choice of beneficiary(ies) of amounts held in the Annuity Fund RSA. You are 100% vested in the funds within the RSA. These funds are separately accounted and will be invested in the same manner as indicated in your most recent fund allocation directions.

You may withdraw \$500 or more from your RSA. If your request for withdrawal is received by the Pension Boards by the sixth (6th) calendar day of the month, you will receive your funds on or about the twentieth (20th) day of the month. You may roll over your RSA to another 403(b), IRA, 401(k) or other qualified plan. You may also annuitize your RSA at any time.

PERSONAL INFORMATION

Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Telephone number (with area code) () -		E-mail address @

BENEFICIARY INFORMATION

Note: You do not need to have a spouse in order to name a beneficiary.

Primary Beneficiary(ies): I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportion indicated. If no proportion is indicated, each surviving Primary Beneficiary will receive equal shares.

Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Relationship	Percentage share %	
Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Relationship	Percentage share %	

Check here if you are listing additional Primary Beneficiaries, then attach a separate sheet providing the required information for each Primary Beneficiary included.

Secondary Beneficiary(ies): <i>If the above-named Primary Beneficiary(ies) predecease(s) me, I designate the following as Secondary Beneficiary(ies). If more than one Secondary Beneficiary is designated, payment shall be made in equal shares or in full to the last survivor, except where I have indicated a percentage below.</i>		
Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Relationship		Percentage share %
Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Relationship		Percentage share %
<input type="checkbox"/> Check here if you are listing additional Secondary Beneficiaries, then attach a separate sheet providing the required information for each Secondary Beneficiary included.		
CONSENT OF MEMBER'S SPOUSE		
Note: <i>Spousal consent is required if the applicant is married and has not designated her or his spouse as the sole beneficiary.</i>		
<input type="checkbox"/> I hereby consent to the above-named beneficiary(ies), as designated by my spouse.		
Spouse's signature		Date
Signature and stamp of Notary Public		Date
DESIGNATION OF TRUSTEE		
<i>If any beneficiary entitled to payment is a minor at the time of my death, I designate the following person to serve as trustee for such beneficiary.</i>		
Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP
Telephone	E-mail address @	Relationship
SIGNATURE		
Signature of person entitled to designate a beneficiary		Date
Signature of witness (not a beneficiary)		Date