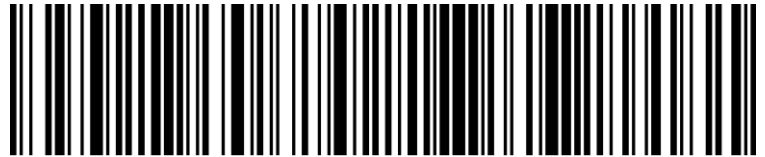


**The Pension Boards**  
 United Church of Christ, Inc.  
 WHERE FAITH AND FINANCE INTERSECT



St Paul's 15464 EN

**Lifetime Income Retirement Plan Membership**

Complete this form to apply for membership in the Lifetime Retirement Income Plan for the United Church of Christ

**MEMBER ID:**     -     
If New or Unknown leave Member ID blank

**SSN:**    -   -

**PERSONAL INFORMATION**

Member Name: Last \_\_\_\_\_, First \_\_\_\_\_, Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Gender: M  F  Date of Birth      /      /      Title: Rev.  Dr.   
MM DD YYYY

Relationship Status: Single  Married  Divorced  Widowed

**SPOUSE/PARTNER INFORMATION (if applicable)**

Name of Spouse/Partner (last, first, middle initial): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Initial

SSN:    -   -

Date of Birth:      /      /       
MM DD YYYY

Date of Marriage      /      /       
MM DD YYYY

**EMPLOYMENT INFORMATION**

Employee Type:  Clergy  Lay For Clergy Only – Ordination Date:      /      /       
MM DD YYYY

Employment Type:  Full Time  Part Time  Contract Average hrs. Worked per Week: \_\_\_\_\_

Conference: \_\_\_\_\_ Self Employed:  Y  N Date of Hire:      /      /       
MM DD YYYY

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**COMPENSATION/SALARY INFORMATION**

Base Salary: \$ \_\_\_\_\_

Salary Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Housing Allowance: \$ \_\_\_\_\_

Total Base Salary plus Housing Allowance: \$ \_\_\_\_\_

**Note: Any changes to salary will be entered on the 1<sup>st</sup> of the month following the Salary Effective Date.**

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**EMPLOYER PENSION DUES CONTRIBUTIONS**

My employer will make the following contribution(s) into my Pension Account in the Lifetime Retirement Income Plan. All deductions are on a payroll frequency.

Employer contributions: \_\_\_\_\_%

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Employer Matching Contributions: \_\_\_\_\_% up to \_\_\_\_\_% (for example 50% up to 6%, i.e., 3%)

**Note: Any changes to contribution amounts will be entered on the 1<sup>st</sup> of the month following the Effective Date.**

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**EMPLOYEE CONTRIBUTION AND INVESTMENT ALLOCATIONS**

You can update/change and enroll in Pre-Tax/ After-Tax contribution as well as update your investment allocation by accessing the Member portal.

To change your contributions percentage, please log into [www.pbucc.org](http://www.pbucc.org) click on Member Login> Access Fidelity NetBenefits® > Quick Links > Contribution Amount, then click Contribution Amount to enter your new contribution percentage.

To change your investment elections, in NetBenefits® click the Quick Links, click on the drop-down menu next to your plan name, select Change Investments then Change Investments Election to enter the percentage of your payroll contributions that you wish to direct to each investment option you choose. 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.

You can also update your employee contributions beneficiary(ies) information by logging into NetBenefits®. Log into to your account through [www.pbucc.org](http://www.pbucc.org) >Member Login > Access Fidelity NetBenefits®, go to Profile and click on Beneficiaries.

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**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.

[ ] I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**NOTARY**

*(Please note: A notary is only required if the spouse is signing the form.)*

Notary's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Notary's Stamp:

**EMPLOYEE (Member) AGREEMENT**

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

By completing and submitting this form, I hereby apply for membership in the Lifetime Retirement Income Plan for the United Church of Christ, in accordance with its Provisions, Rules and Procedures.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Witness's Signature (not a beneficiary): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**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 – 15464

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

Name of authorized officer: \_\_\_\_\_  
Please Print

Title of authorized officer: \_\_\_\_\_  
Please Print

Signature of authorized officer: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.