



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



New Annuity Plan Enrollment Form

EMPLOYER ID: _____

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

Please attach a copy of your birth certificate.

SSN: _____ Date of Birth: _____ Gender: [] M [] F Status: _____

Name of Member (last, first, middle initial): _____ Title: _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

EMPLOYEE INFORMATION

Employee Type: [] Clergy [] Lay Date Commenced Employment: _____

Employment Type: [] Full Time [] Part Time [] Contract Average Hours Worked Per Week: _____

SPOUSE / PARTNER INFORMATION (if applicable)

Name of Spouse / Partner (last, first, middle initial): _____

SSN: _____ Date of Birth: _____ Date of Marriage: _____

SALARY INFORMATION

Salary Effective Date: ____ / ____ / _____

Date Approved by Church: ____ / ____ / _____

Cash Salary: \$ _____

Housing Allowance: \$ _____

Total Cash plus Housing Allowance: \$ _____

PENSION DUES CONTRIBUTION

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

Employer contributions: _____% or \$ _____ Effective Date: ____ / ____ / _____

Employee Pre-taxed salary reduction contributions: _____% or \$ _____ Effective Date: ____ / ____ / _____

Employee After tax dollars reduction contribution: _____% or \$ _____ Effective Date: ____ / ____ / _____

INVESTMENT ALLOCATIONS

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

Indicate both employer and employee contributions. You may change your allocation elections at any time by completing an Allocation of Future Contributions and Fund Reallocation form. The Pension Boards must receive the reallocation form no later than 1.00 p.m. (ET) on the last business day of the month to be reallocated effective the first of the following month. All forms received after 1.00 p.m. (ET) on the last business day of the month will be allocated/reallocated effective the first day of the second month following submission.

		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	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
Reallocation of Current Balances (5% increments)													
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____%

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.

BENEFICIARY INFORMATION (Must equal 100%):

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: _____ Gender: M F

Annuity: Primary _____% Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: _____ Gender: M F

Annuity: Primary _____% Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: _____ Gender: M F

Annuity: Primary _____% Secondary _____%

Name (last, first, middle initial): _____ Relationship to participant: _____

SSN: _____ Date of Birth: _____ Gender: M F

Annuity: Primary _____% Secondary _____%

EMPLOYER AGREEMENT

[] As authorized representative of Mt. San Antonio Gardens, I confirm that the appropriate employer and employee contributions will be made to the Annuity Plan.

Name of Church or Other Employer: **Mt. San Antonio Gardens**

Telephone of Contact Person: **(909) 399 - 1211**

Address: **900 E. Harrison Ave** City: **Pomona** State: **CA** ZIP: **91767**

Official Signature: _____ Date: _____

Title of Representative: _____

SIGNATURE

The undersigned member (as defined in the Annuity Plan document), together with my designated beneficiary(ies) (as defined in the Annuity Plan document) acknowledge that the Annuity Plan document is available at www.pbucc.org. In addition, I acknowledge that I and my beneficiary(ies) shall, at all times be subject to the terms and conditions of the Annuity Plan document, which may be amended, modified, or supplemented at the discretion of the Pension Boards.

Employee Signature: _____ Date: _____

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

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