



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



New Annuity Plan Enrollment Form

EMPLOYER ID: 10317

MEMBER ID: _____ [] **EXISTING MEMBER**

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

SSN: _____ Gender: [] M [] F Date of Birth: ____/____/____ Title: [] Rev. [] Dr.

Relationship Status: [] Single [] Married [] Divorced [] Widowed [] Civil Union [] Domestic Partner

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

Address: _____ City _____ State _____ ZIP _____

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

SPOUSE / PARTNER INFORMATION (if applicable)

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

SSN: _____ Date of Birth: ____/____/____ Date of Marriage: ____/____/____

EMPLOYEE INFORMATION

Employee Type: [] Clergy [] Lay

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

For Clergy Only - Ordination Date: ____/____/____ Conference: _____ Self Employed: [] Y [] N

COMPENSATION/SALARY INFORMATION

Salary Effective Date: ____/____/____

Base Salary: \$ _____

Housing Allowance: \$ _____

Total Base Salary plus Housing Allowance: \$ _____

Please note: Any changes to salary will be entered on the first day of the month following the Salary Effective Date.

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: _____% Effective Date: ____ / ____ / _____

*Per payroll deduction

Employee Pre-Tax Salary Reduction*: _____% or \$_____ Effective Date: ____ / ____ / _____

Employee After-Tax Salary Reduction*: _____% or \$_____ Effective Date: ____ / ____ / _____

Please note: Any changes to contribution amounts will be entered on the first day of the month following the Effective Date.

***PAYROLL DEDUCTIONS – EMPLOYEE ELECTIONS**

Compensation Frequency

- Monthly (12 paychecks per year) Twice monthly (24 paychecks per year)
 Bi-Weekly (26 paychecks per year) Weekly (52 paychecks per year)

INVESTMENT ALLOCATIONS

Information about our funds are available online.

	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 Contributions	%	%	%	%	%	%	%	%	%	%	Total: _____%

After this pension account is established, you will receive a seven-digit Member ID number indicated in your enrollment letter. Your Member ID may be used on any correspondence sent to the Pension Boards. It may also be used to access the Member Portal on our website at www.pbucc.org. If you do not elect a beneficiary, your Estate will be the primary beneficiary. 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:

Beneficiary(ies): I hereby designate the following as Primary or Secondary Beneficiary(ies). If more than one is designated, each surviving Beneficiary shall receive the percentage share indicated. Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

Total proportion of designations must total 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 _____%

[] Additional Primary Beneficiary(ies): Check if applicable and list information on a separate sheet of paper and attach to this form.

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.

Spouse's Consent:

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

Spouse's Signature _____ Date: ____ / ____ / _____

NOTARY

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

Notary's Signature _____ Date: ____ / ____ / _____

EMPLOYEE / EMPLOYER AGREEMENT

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.

[] I understand that the amount of such reduction, pursuant to this election, will be withheld from my pay on a pre-tax and/or after-tax basis, as specified above, and will be paid by my employer into my account in the Annuity Plan.

I understand that (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; and (2) any changes in elective deferrals is effective only for deferrals from pay I received after the plan administrator accepts my change of election.

I further understand that written notice must be given before the effective date of any modification. This election will remain in effective until I revoke it in writing or until I complete a new Employee Pre-Tax Retirement Contribution Agreement.

[] I have attached a copy of my birth certificate. If I cannot supply a birth certificate, I have attached a copy of my passport or driver's license.

Employee Signature: _____ Date: ____ / ____ / _____

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

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: _____

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.