



Employee Retirement Contribution Agreement (ERCA)

MEMBER ID: _____

Please check for billing purposes:

- Existing Employer ID: _____ (locate ID on billing statement)
 Self Pay

PERSONAL INFORMATION

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

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

Address: _____ City _____ State ____ ZIP _____

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

COMPENSATION/SALARY INFORMATION

Salary Effective Date: ____ / ____ / _____

Annual Base Salary: \$ _____

Annual Housing Allowance: \$ _____

Annual Base Salary plus Housing Allowance: \$ _____

Please note: Salary change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

MEMBER ELECTION

This agreement is made between the member and the employer. Any changes to this agreement must be filed in accordance with procedures established by the employer. I understand that the amount of such deductions, pursuant to this election, will be withheld from my pay and paid by my employer into my account in the Plan. I, the undersigned member, hereby elect to:

Please note: Effective change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

Employee Pre-Tax (Tax-Sheltered) Contributions Agreement effective date: ____/____/____
 Defer from my salary on a pre-tax basis of \$ _____ or _____% per pay period.
 Cease my pre-tax contributions.

Employee After-Tax Contributions Agreement effective date: ____/____/____
 Deduct from my salary on an after-tax basis of \$ _____ or _____% per pay period.
 Cease my after-tax contributions.

PAYROLL DEDUCTIONS – EMPLOYEE ELECTIONS

- 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 is 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: _____%
Reallocation of Current Balances (1% increments below)												
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax Contributions	%	%	%	%	%	%	%	%	%	%	Total: _____%

EMPLOYEE (Member) AGREEMENT

I understand: (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; (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 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; and (3) written notice must be given before the effective date of any modification. This election will remain in effective until I revoke 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. **(THIS APPLIES TO FIRST-TIME ANNUITY FUND MEMBERSHIP ENROLLMENTS ONLY.)**

Member Signature _____ Date: ____/____/____

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.

Employer Signature _____ Date: ____/____/____

(Please note: An Employer signature is only required if there is a change in the Member Election section of this form.)

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.