



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



## St Paul's Homes New Annuity Plan Enrollment

**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**

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: [ ] M [ ] F  
 Name of Employee (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: \_\_\_\_\_  
 For Clergy Only - Ordination Date: \_\_\_\_\_ Conference: \_\_\_\_\_ Self Employed: [ ] Y [ ] N

**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

		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 (1% increments below)													
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____%

Information about our funds are available online.

### 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 \_\_\_\_\_%

**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.

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

Employer Signature \_\_\_\_\_ Date: \_\_\_\_\_

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.