



**PERSONAL INFORMATION**

Cash salary on an annualized basis \$	If parsonage is provided, Indicate it's annual rental value \$	OR	Amount of annual housing allowance, if provided in lieu of parsonage \$
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**PENSION DUES**

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

Date pension dues will begin  / /	Percent of salary basis contributed by your employer (pre-tax dollars)  %	Tax-Sheltered salary reduction contributions (pre-tax dollars)  %	Percent of salary basis contributed by you from after-tax dollars  %	Total  %	Dollar amount of annual pension dues  \$ (Total percentage times salary basis)
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**EMPLOYER AGREEMENT**

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

Name of church or other employer	Telephone number of contact person (with area code)  ( ) -
Address (number and street)	City/State/ZIP
Official signature	Title
	Date  / /20

**ALLOCATION OF PENSION DUES**

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

Employer contributions	Employee pre-tax (TSA) contributions and after-tax contributions
Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:	Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:
To the Target Annuity Date Fund 2020 _____%	To the Target Annuity Date Fund 2020 _____%
To the Target Annuity Date Fund 2025 _____%	To the Target Annuity Date Fund 2025 _____%
To the Target Annuity Date Fund 2030 _____%	To the Target Annuity Date Fund 2030 _____%
To the Target Annuity Date Fund 2035 _____%	To the Target Annuity Date Fund 2035 _____%
To the Target Annuity Date Fund 2040 _____%	To the Target Annuity Date Fund 2040 _____%
To the Balanced Fund _____%	To the Balanced Fund _____%
To the Bond Fund _____%	To the Bond Fund _____%
To the Equity Fund _____%	To the Equity Fund _____%
To the Stable Value Fund _____%	To the Stable Value Fund _____%
To the Global Sustainability Index Fund _____%	To the Global Sustainability Index Fund _____%
TOTAL (must equal 100%) _____%	TOTAL (must equal 100%) _____%

Indicate both employer and employee contributions. You may change your election at any time by completing an **Allocation of Future Contributions and Fund Reallocation Form**. Reallocation requests received no later than 4:00 p.m. (Eastern) on the last business day of the month will be effective on the first of the month following the Pension Boards' receipt of your form.

**NOTE: If no election is made, future pension dues will be invested in the Balanced Fund.**

**PERSONAL INFORMATION**

**Primary Beneficiary(ies):** I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.

**If you designate a minor as beneficiary,** generally a probate court would have to appoint a guardian to receive and administer the death benefits to the minor. Do not write the name of a guardian on this form. You may want to consider the option of providing for a minor by naming a trust established in your will (a "testamentary trust") for the benefit of that minor as your beneficiary.

Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship

**Additional Primary Beneficiary(ies)**

Check box 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 her or his spouse as the sole beneficiary.

**Spouse's consent: I hereby consent to the above beneficiary(ies) designated by my spouse.**

Spouse's signature	Date / /20
Signature and stamp of notary public	Date / /20

**Secondary Beneficiary(ies):** I hereby designate the following as Secondary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits when all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated.

Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship

**Additional Secondary Beneficiary(ies)**

Check box if applicable and list information on a separate sheet of paper and attach to this form.

SIGNATURE AND DATE	
Signature of employee	Date / /20
Signature of witness ( <i>not a beneficiary</i> )	Date / /20

### Application Checklist

To avoid delay in processing your application, be certain to:

- Review your application.
- Attach any additional primary/secondary beneficiary(ies).
- Attach a copy of your birth certificate. If you cannot supply a copy of a birth certificate, attach a copy of a passport or driver's license.
- Obtain the signature of your spouse (if applicable; see page 3).
- Obtain the signature of your church treasurer or other official employer representative (see page 2).
- Sign the application above and have your signature witnessed by someone other than a beneficiary.
- Sign the Member Acknowledgement form.
- Obtain the signature of your beneficiary(ies) on the Beneficiary Acknowledgement form. (Each beneficiary must complete and sign a copy of the form.)

## Member Acknowledgement

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The undersigned Member (as defined in the Annuity Plan document), together with my designated Beneficiary or Beneficiaries (as defined in the Annuity Plan document) acknowledge that the Annuity Plan document has been provided to me. In addition, I acknowledge that I and my Beneficiary shall, at all times, be subject to the terms and conditions of the Annuity Plan document (available at [www.pbucc.org](http://www.pbucc.org)), as the same may be amended, modified or supplemented from time to time in the sole discretion of The Pension Boards–United Church of Christ, Inc.

Acknowledged and agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Member name  
(please print)

This Acknowledgement must be returned to The Pension Boards, together with the other required forms to:

The Pension Boards–United Church of Christ, Inc.  
Attn: Member Services Department  
475 Riverside Drive, Room 1020  
New York, NY 10115

**Beneficiary Acknowledgement**  
(each Beneficiary)

The undersigned Beneficiary or Beneficiaries (as defined in the Annuity Plan document) acknowledge that he or she shall, at all times, be subject to the terms and conditions of the Annuity Plan document (available at [www.pbucc.org](http://www.pbucc.org)), as the same may be amended, modified or supplemented from time to time in the sole discretion of The Pension Boards–United Church of Christ, Inc.

Acknowledged and agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Beneficiary signature

\_\_\_\_\_  
Beneficiary name  
(please print)

This Acknowledgement must be returned to The Pension Boards, together with the other required forms to:

The Pension Boards–United Church of Christ, Inc.  
Attn: Member Services Department  
475 Riverside Drive, Room 1020  
New York, NY 10115