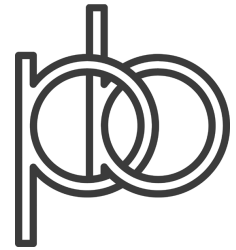


Pension Boards United Church of Christ

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Room 1020
New York, NY 10115-0059

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Annuity Plan Membership

PERSONAL INFORMATION				
Social Security Number		Name (last, first, middle initial)		
Address (number and street)		City, State, ZIP		
Telephone number (with area code) ()		E-mail address @		
Date of birth (please supply copy of birth certificate) / /19		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of employment / /	
<input type="checkbox"/> I hereby apply for membership in the Annuity Plan for the United Church of Christ, in accordance with its Rules.				
Check one: <input type="checkbox"/> Clergy <input type="checkbox"/> Lay <input type="checkbox"/> Provisional Member (Herring Stark Grantee) *				
* As a provisional member, you must become ordained within five years, otherwise your account will be closed and all contributions and earnings thereon will be returned to the Herring Stark Fund.				
Please provide the average or typical number of hours worked per week		Full-time		Part-time
FOR CLERGY ONLY				
Ordination date		Conference		Check if self-employed <input type="checkbox"/>
FAMILY INFORMATION				
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Same-Gender: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership	Date of marriage (if applicable) / /	Date of birth of spouse or same-gender domestic partner / /
Name of spouse or same-gender domestic partner (last, first, middle initial)			Social Security Number of spouse or same-gender domestic partner	
Name of relative or friend through whom you can be contacted (last, first, middle initial)			Telephone number of contact person (with area code) ()	
Address of contact person (number and street)			City, State, Zip	

SALARY BASIS

Cash salary on an annualized basis \$	If parsonage is provided, indicate its 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

I hereby agree that the pension dues payments will be made by the employer with respect to the applicant.

Name of church or other employer	Telephone number (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.

BENEFICIARY 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 applicant	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.