



Complete this 457(b) Plan Enrollment Form to begin participation in the 457(b) Plan sponsored and maintained by your employer ("Employer") and administered by Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund").

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
☐ Mx. ☐ Rev. ☐ Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Check Marital Status: ☐ Single ☐ Married Spouse's Birth Date ____/____/____ Spouse's Gender: ☐ Male ☐ Female ☐ Non-Binary

Spouse Name _____ Social Security No./ITIN _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: ☐ U.S. ☐ Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Employer _____ City _____ State _____

Employer Contact _____

II. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable under the Plan in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this Form fail to survive you, your benefits will be paid to your spouse, or if none, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ (first, middle, last/family name)	_____ %
Mailing Address _____ (street, city, state, zip code)	
Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____	
Social Security No./ITIN _____ Birth or Trust Date ____/____/____	
Individual or Trust Name _____ (first, middle, last/family name)	_____ %
Mailing Address _____ (street, city, state, zip code)	
Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____	
Social Security No./ITIN _____ Birth or Trust Date ____/____/____	

Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>		Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____ %	
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____ %	

III. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.**
- I understand that the personal information provided on this Form will be used by Pension Fund to process my enrollment and to provide participant services to me under the Plan.
- I understand that both salary reduction contributions and employer contributions are subject to FICA at the time I perform services for my Employer. I understand that contributions and earnings are subject to income tax and withholding when distributions are paid or made available to me under the Plan.
- I understand that my account under the Plan is subject to creditors of my Employer in the event of its bankruptcy or insolvency.
- I designate the person(s) or entity(ies) named in Section II of this Form as beneficiaries for my Plan account. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *457(b) Plan Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my Plan account. I further agree that if I am not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *457(b) Plan Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.
- I understand that Pension Fund and the Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Plan.
- I acknowledge that neither my Employer nor Pension Fund warrants the performance or the appropriateness of any investment and will not be responsible for any penalties or tax consequences resulting from this Agreement.
- I agree to be bound by all terms of the Plan, as it may be amended from time to time, and all administrative policies and procedures adopted by my Employer and Pension Fund with respect to the Plan.

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH ATTACHMENTS TO:

Pension Fund of the Christian Church
 P.O. Box 6251, Indianapolis, IN 46206-6251
 Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
 E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Account No. _____	Participant ID No. _____	Enrollment Date ____/____/____
[Do not write in this box – for Pension Fund use only]		