

445 Fifth Avenue
New York, NY 10016

Defined Contribution Retirement Plan Employee Application for Membership Instructions

Please complete the Employee Application and return it to your employer. Completing this form accurately helps to ensure that funds will be properly allocated to your retirement account. After your application has been processed, you will receive an Employee Enrollment Confirmation from the Plan administrator.

Employee Application for Membership

Section I

Employer name: Full name of your employer
Employer address: Full address of your employer, including ZIP code

Section II

Employee name: Your full name
Social Security number: Your Social Security number must be provided in order to have your application processed. Your Social Security number will be used as your account identification number.
Employee address: Your full mailing address, including ZIP code
Phone numbers: Your business and home telephone numbers, including area code
E-mail address: Your e-mail address
Annual compensation: Your annual base salary, excluding bonuses, incentives, and overtime pay
Hire date: The date you began working for your employer
Birth date: Your date of birth
Sex: Male or female
Marital status: Single or married

Section III

Employee contribution: Enter the percentage to be deducted from your pay; use whole percentages only

Section IV

Investment options: Your investment allocation; use whole percentages only; your total allocation must equal 100%
Employee's signature and date: Your signature and the date you signed the application

To be completed by your employer:

Please review the information included on this application before signing.
You are responsible for verifying the accuracy of the information.
Employer's Authorized Signature, Title, and Date
Employee's Enrollment Date:
The first day of the month in which the employee will become an active participant in the Plan.

Mail to: The Church Pension Group
Pension Services
445 Fifth Avenue
New York, NY 10016

Please retain a copy for your records.

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New York, NY 10016

Defined Contribution Retirement Plan Employee Application for Membership

Section I—Employer information

Employer name: _____

Employer address: _____

Section II—Employee information (all information must be provided)

Employee name: _____

Social Security number: _____

Employee address: _____

Phone numbers: Business: _____ Home: _____

E-mail address: _____

Annual compensation: _____

Hire date: _____

Birth date: _____

Sex: Female
 Male

Marital status: Single
 Married

Section III—Election of employee contribution

I hereby elect to contribute to the Episcopal Church Lay Employees' Defined Contribution Retirement Plan based on the percentage indicated below.

I have received written information about the Plan and understand the general requirements of the Plan, including the employee contribution election. I understand that this election will apply to all future salary received from my employer unless I amend the election.

I wish to contribute _____ % of my salary to the Plan

Section IV—Selection of investment options

I hereby request that the vested employer and employee contributions to the Plan be invested according to the investment election indicated below. I understand that the elected percentages must be in increments of 1% and that the percentages must add up to 100%. In addition, I understand that if I am not 100% vested in my employer contributions, the Church Pension Fund will allocate my employer contributions in total to the Balanced Fund.

Investment Options	Please use whole percentages
Fidelity Retirement Money Market Portfolio	Percentage: _____ %
Stable value investment option funded by the Church Life IncomeBuilder Annuity	Percentage: _____ %
BlackRock Core Bond Total Return Portfolio—Service Class	Percentage: _____ %
Balanced Fund	Percentage: _____ %
Domini Social Equity Fund—Investor Shares	Percentage: _____ %
Fidelity Disciplined Equity Fund	Percentage: _____ %
Fidelity Dividend Growth Fund	Percentage: _____ %
Neuberger Berman Fasciano Fund—Investor Class	Percentage: _____ %
American Funds® EuroPacific Growth Fund®—Class R4	Percentage: _____ %
Fidelity Freedom Income Fund®	Percentage: _____ %
Fidelity Freedom 2010 Fund®	Percentage: _____ %
Fidelity Freedom 2015 Fund®	Percentage: _____ %
Fidelity Freedom 2020 Fund®	Percentage: _____ %
Fidelity Freedom 2025 Fund®	Percentage: _____ %
Fidelity Freedom 2030 Fund®	Percentage: _____ %
Fidelity Freedom 2035 Fund®	Percentage: _____ %
Fidelity Freedom 2040 Fund®	Percentage: _____ %
Total:	100%

Elected percentages must add up to 100%

Instructions to employee

This is a legal document; make all entries thoughtfully and clearly. Please be certain your Social Security number is correct, since all contributions are maintained using this number. Be certain birth dates are correct; an error may delay your benefits. Complete the enclosed beneficiary designation form carefully to ensure that, upon your death, your account will be distributed in accordance with your wishes.

Employee's signature

Date

Employer, please examine the entries on this application before signing it to be sure it is complete and correct. You are verifying its accuracy.

Employer's authorized signature/Title

Enrollment date is the 1st of the next available month

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Pension Services
445 Fifth Avenue
New York, NY 10016

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