



FORM 01: PARTICIPANT ENROLLMENT APPLICATION

Return the completed form to the designated church/employer human resources official.

STEP 1: Personal Information

Name: _____
(Exactly as it appears on your Social Security card) **First** **Middle** **Last**

Social Security Number: _____ Gender: Male Female

Date of Birth: _____ at _____
Month Day Year City State/Country

Home Address: _____
Street City State Zip Code

Phone Numbers: _____
Home/Cell Work

Email Address: _____

Are you eligible as credentialed clergy to receive a housing allowance from your employer named below? (Do you annually file a Form 1040, Schedule SE to the IRS for Self-Employment Tax as ordained, licensed, or commissioned clergy?) Yes No

Marital Status: Single Married Widowed Divorced

Spouse's Name: _____
Last First Middle

Spouse's Date of Birth: _____ Spouse's SSN: _____
Month Day Year

Please fill out a separate Participant Beneficiary Designation (Form 02) available at www.fcmmbenefits.org.

STEP 2: Employer Information

Church/Employer Name: _____

Church Address: _____
Street City State Zip Code

Employee Class*: _____ Hire Date: _____

*Completed by Employer per Employer Adoption Agreement (Form 20). Give to Employer to Complete.

IRS CODE SECTIONS 402(G) AND 415(C) CONTRIBUTION LIMITS

No more than *the lesser* of \$54,000 or 100% of your includible compensation (housing allowance is excluded) can be invested in the Plan for 2017. Within this amount you can elect to defer \$18,000 of your annual compensation as salary deferral contributions. In 2017, a participant over age 50 can make salary deferral contributions up to \$6,000 above these limits. These limits apply to the total of all contributions to all 403(b) plans participated in and are adjusted annually by the IRS.

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STEP 3: Eligibility Requirements

I am an Employee of a qualified employer (a church or organization that has adopted the FCMM Retirement Plan as its retirement plan).

I am an Employee of the EFCA National Office.

I am an EFCA ReachGlobal Missionary or EFCA ReachNational Missionary.

If not employed in a category above: I am an ordained or licensed minister in full-time ministry, credentialed by the EFCA, and presently serving in a position that meets the eligibility requirements of Section 3.1(g) of the FCMM Retirement Plan Document. I certify that I function as a minister in my day-to-day responsibilities with the organization and that I will not actively participate in the non-FCMM defined contribution plan of my employer.

STEP 4: Choose Your Investment

I hereby authorize the employer contributions made on my behalf to the FCMM Plan to be invested as follows:

_____ % applied to the Conservative Growth with Annuity Benefit Fund (**Option C**)*

*Option C funds cannot be transferred to other options before age 59 ½.

_____ % applied to the Moderate Growth Stock Fund (**Option D**)

_____ % applied to Diversified Bond Fund (**Option E**)

_____ % applied to one of the Self-Selected Mutual Funds - American Funds (**Option F**)**

**For American Funds, fill out a PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS (Form 04). This form must be on file with FCMM in order for money to be invested in American Funds.

_____ % applied to one of the Self-Selected Mutual Funds - Vanguard Funds (**Option G**)***

***For Vanguard Funds, fill out a PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS (Form 05). This form must be on file with FCMM in order for money to be invested in Vanguard Funds.

_____ % applied to the Adjustable Rate Investment (**Option H**)****

****For the Adjustable Rate Investment, fill out a PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL (Form 06). This form and a valid email address must be on file with FCMM in order for money to be invested in Option H. This option allows participants to invest in an adjustable interest rate Investment Certificate with Christian Investors Financial ("CIF").

_____ % applied to the Self-Selected Mutual Funds – Biblically Responsible Funds (**Option J**)*****

*****For the Biblically Responsible Funds, fill out a PARTICIPANT INVESTMENT SELECTION—BIBLICALLY RESPONSIBLE FUNDS (Form 07). This form must be on file with FCMM in order for money to be invested in Timothy Plan Funds or GuideStone Funds.

_____ % Total must equal 100%

This election will remain in force with respect to all employer contributions until revoked or modified by me, through written request to FCMM.

STEP 5: Signature

This agreement shall continue in force and effect until terminated by the: a) retirement of the employee, b) employee's termination of employment or from eligible service, c) death of the employee, d) written notice of cancellation of the agreement to the FCMM Plan by the employer or employee specifying a cancellation date at least thirty days from the date of the notice, or e) termination of the FCMM Plan.

Applicant Signature

Date

Signature of Church/Employer Official

Date

Note: All checks must come from the Employer. FCMM cannot receive personal checks. Membership becomes effective upon receipt of first employer check.

EMPLOYER

The completed form may be mailed to FCMM Benefits & Retirement, 901 East 78th Street, Minneapolis, MN 55420; emailed to fcmmbenefits.org or faxed to (952)853-8474.

For questions regarding this application, please call (800)995-5357 or email fcmmbenefits.org.

For FCMM Office use only

EFCA ID #: _____ Enrollment Date: _____ Accepted: _____ Date: _____