

FORM 03: SALARY DEFERRAL AGREEMENT

This form is used to authorize your employer to deduct salary deferral contributions from your paycheck or to stop deductions.

Return this completed form to your employer.

***Pre-Tax Deferrals** are deducted from your Gross Income each pay period PRIOR to taxes being withheld and reduce your annual taxable income. **Roth Deferrals** are deducted from your income each pay period AFTER taxes have been withheld. Roth deferrals do not reduce your taxable income. Your employer must report the annual total(s) of your deferrals in box 12 of your W-2.*

STEP 1: Personal Information

Full Legal Name: _____
 First Middle Last

Social Security Number (Last four digits): _____ Date of Birth: _____
 Month Day Year

Phone Numbers: _____
 Home Cell

Email Address: _____
 (NOTE: The email address you provide above will be used by FCMM to correspond with you about your retirement account and any other relevant financial information or activity.)

Employer Name: _____ City, State: _____

STEP 2: Housing Allowance

Are you eligible as a minister according to IRS guidelines to receive a housing allowance from your employer?

- Yes No

STEP 3: Choose Your Salary Deferral Contribution Type

I hereby authorize deductions from my paycheck for employee salary deferral contributions per the following tax status:

- PRE-TAX: I hereby authorize my employer to deduct from my paycheck \$ _____ OR _____% **PER PAY PERIOD** on a pre-tax basis *up to the IRS annual deferral limit.**
- ROTH: I hereby authorize my employer to deduct from my paycheck \$ _____ OR _____% **PER PAY PERIOD** on a Roth basis *up to the IRS annual deferral limit.**
- STOP: I hereby wish to STOP deductions from my paycheck but reserve the right to contribute at a later time according to FCMM Plan provisions. **(If this box is checked, skip to STEP 6.)**

STEP 4: Age-Based Catch-Up Election (if applicable)

- I certify that I am age 50 or older (or will reach age 50 in 2017) and qualify for an age-based catch-up contribution. The amounts or percentages indicated in Step 3 reflect the amount of Age-Based Catch-Up Contribution I authorize my employer to deduct from my salary (up to \$6,000 in 2017).



***IRS Code Sections 402(g) and 415(c) Contribution Limits:**

No more than the *lesser of* \$54,000 or 100% of includible compensation (housing allowance is excluded) can be invested in the Plan for 2017. Within this amount a participant can elect to defer \$18,000 of 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 in which you participate and are adjusted annually by the IRS.

FORM 03: SALARY DEFERRAL AGREEMENT (PAGE 2)

STEP 5: Choose Your Investment(s)

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

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

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

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

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

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

Please also complete Form 04: PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS
Form 04 must be on file with FCMM in order for money to be invested in American Funds.

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

Please also complete Form 05: PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS
Form 05 must be on file with FCMM in order for money to be invested in Vanguard Funds.

_____ % applied to Adjustable Rate Investment **(Option H)** with Christian Investors Financial (CIF)

This option allows you to invest in an adjustable interest rate Investment Certificate with CIF.

Please also complete Form 06: PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL
Form 06 must be on file with FCMM in order for money to be invested in Option H.

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

Please also complete Form 07: PARTICIPANT INVESTMENT SELECTION—BIBLICALLY RESPONSIBLE FUNDS.
Form 07 must be on file with FCMM in order for money to be invested in Biblically Responsible Funds.

_____ % Total must equal 100%

STEP 6: Employee Signature

By signing below, I am authorizing the amount(s) indicated in Step 3 of this form to be withheld from my paychecks and paid by my employer into my FCMM account. I further understand that this investment election will remain in force with respect to all employee contributions until: a) revoked or modified by me through written request to FCMM, b) my retirement, c) my termination of employment or from eligible service, d) my death, e) my employer's cancellation of its agreement with FCMM, or f) the termination of the FCMM Plan.

Employee Signature

Date

STEP 7: Employer Acknowledgement



This section must be completed by your EMPLOYER

The employer agrees to deduct the requested salary deferrals, as indicated in STEP 3, and remit the salary deferral contributions to FCMM as soon as reasonable for the proper administration of the Plan. (An example of a reasonable time is 15 business days following the month in which contributions are withheld from an employee's paycheck.) If STEP 3 indicates a request to STOP all deferrals, the Employer agrees to cease salary deferral deductions from the employee's paycheck as soon as administratively feasible. The Employer signature below acknowledges receipt and acceptance of this agreement.

Signature of Employer Representative

Date

STEP 8: Form Submission

A copy of this form must be submitted to both the employer's payroll department and to FCMM.

Submit this completed form to FCMM by mail, email, or fax.

Mail:

FCMM Benefits & Retirement
901 East 78th
Street, Minneapolis, MN 55420

Email:

fcmm@fcmmbenefits.org

Fax:

(952)853-8474

For FCMM Office Use Only

FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____