

FORM 01: PARTICIPANT ENROLLMENT APPLICATION

Use this form with your initial enrollment in the FCMM Retirement Plan or when you change sponsoring employers.
Return this completed form to your employer.

You have received this form because your employer has deemed you to be eligible to participate in the FCMM 403(b)(9) Retirement Plan (The "Plan"). FCMM is a defined contribution plan that is designed as a "church plan" under IRS Code section 414(e) and as an Internal Revenue Code section 403(b)(9) retirement income account. For details of the eligibility requirements and how your employer has agreed to contribute on your behalf, please refer to your Employer's Adoption Agreement. For information about the Plan and its provisions, please refer to the FCMM Summary Plan Description (Form 38) found on our website: www.fcmmbenefits.org/documents

Check this box if you already have an FCMM account through a previous employer.

STEP 1: Personal Information

Legal Name: _____ Preferred First Name: _____

Job Title: _____ Gender: Male Female

Social Security Number (SSN): _____ OR

Taxpayer Identification Number (TIN): _____ AND Country of Issue: _____

Date of Birth: _____ City, State, & Country of Birth: _____

Are you a U.S. Citizen? YES NO* Country of Residence: _____

*To be considered for enrollment, non-US citizens must also review, sign, and submit Form 01F, available upon request by email at fcmm@fcmmbenefits.org

Home Address: _____
 Street City, State Zip Code

Phone Numbers: _____
 Preferred Other

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.)

STEP 2: Marital Information

Marital Status: Single Married Widowed Divorced

Spouse's Legal Name: _____ Spouse's Date of Birth: _____

Spouse's Social Security Number (SSN): _____ OR

Taxpayer Identification Number (TIN): _____ AND Country of Issue: _____

STEP 3: Housing Allowance

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

Yes No

STEP 4: Eligibility Requirements

Please select one of the criteria below:

- I am an Employee of a church or organization that has adopted the FCMM Retirement Plan.
- I am an Employee of the EFCA National Office.
- I am an EFCA ReachGlobal or EFCA ReachNational Missionary. (Indicate employment status below.)
 - Primary Employee Spouse Employee
- 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 any non-FCMM defined contribution plan of my employer.

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STEP 5: Year-to-Date Contributions Made to Other Retirement Plans

The IRS 402(g) limit is an individual limit. You must aggregate all elective deferrals contributed to all the plans in which you participate during a taxable year. **Indicate below the total employee deferral contributions you made to other plans this year** (do not include IRA contributions).

\$ _____ Plan Type(s): 403(b) 401(k) SIMPLE-IRA SAR-SEP

STEP 6: Employee Signature

By signing below, I acknowledge that I have read and understand the information on this Participant Enrollment Application and certify all supplied information to be true and correct. I understand that my participation in the FCMM Plan shall continue in force and effect until a) my retirement, b) my termination of employment or from eligible service, c) my death, d) the employer's cancellation of its agreement with FCMM, or e) the termination of the FCMM Plan. If I am a non-US citizen, I understand that I must also submit Form 01F with my enrollment application.

Employee Signature (Electronic signatures NOT accepted) _____

Date _____

STEP 7: Employer Information



This section must be completed by the EMPLOYER per its Employer Adoption Agreement (Form 20)

Employer Name: _____ EFCA/FCMM Org. ID: _____

Employer Address: _____
Street City, State Zip Code

Date of most recent Employer Adoption Agreement: _____

Employee's Contribution Class[♦]: _____ Hire Date: _____

[♦]Please refer to your Employer Adoption Agreement to determine the employee's Contribution Class.

Based on our most recent Adoption Agreement, this employee is eligible for the following (Check all that apply):

- Employer Contributions**
- Employer MATCH of Employee Contributions** (Employee must indicate a Salary Deferral % or \$ amount under STEP 4, Form 03)
- Employer MATCH of Qualified Student Loan Payments (QSLP)** (Must be elected on Employer's Adoption Agreement & on Form 03)
- Employee Salary Deferral Contributions** (If only box checked, a Salary Deferral % or \$ amount required under STEP 4, Form 03)

! ALL employees working 20 hours or more per week OR 1000 hours or more per year are eligible to participate in the Plan via voluntary Employee Salary Deferral Contributions unless otherwise specified on your Employer Adoption Agreement.*

*Once an employee is eligible to participate in the Plan via Salary Deferral Contributions, they cannot later be excluded from making Salary Deferral Contributions on the basis that their work hours decreased.

By signing below, I certify that this applicant is eligible to participate in the FCMM Retirement Plan according to the information noted above. Signer must include all contact information below.

Signature of Employer Representative _____

Date _____

Printed Name of Employer Representative _____

Email Address of Employer Representative _____

Phone Number of Employee Representative _____

STEP 8: Form Submittal

Employer, please submit this completed form to FCMM using one of the methods noted below, preferably using our Secure File Exchange.

Secure File Exchange
<https://fcmmbenefits.leapfile.net/>

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

Questions? Contact FCMM Client Services at
fcmm@fcmmbenefits.org or (800)995-5357
A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

FCMM USE ONLY

No. _____

Received in Good Order _____

Processed _____