

FORM 06: PARTICIPANT INVESTMENT SELECTION: CHRISTIAN INVESTORS FINANCIAL

Complete this form to invest funds in the Adjustable Rate Investment (Option H) through Christian Investors Financial (CIF).

STEP 1: Personal Information (Please print)

Name: _____ SSN (Last Four Digits): _____

Date of Birth: _____ Date of Hire: _____

Primary Phone: _____ Email: _____

Address: _____

STEP 2: Investment Information

You have elected to invest all or a portion of your contributions in a Christian Investors Financial (CIF) 403(b)(9) Certificate held by the FCMM Retirement Plan (FCMM). Current interest rate information is available at <https://christianinvestors.org/403b>.

STEP 3: Signature

By signing below, I: (a) direct FCMM to invest in the CIF 403(b) Investment Certificate as indicated by the information on file with FCMM and subject to the conditions stated in CIF's current Offering Circular and all Supplements thereto, each of which I have received or reviewed at <https://christianinvestors.org/403b> and (b) certify that I am a resident of the state identified in the Employee Information section above.

I understand that the FCMM Retirement Plan permits me to invest employer contributions and employee salary deferral contributions in the CIF 403(b) Certificate.

I acknowledge that this paragraph informs me that there is a close affiliate relationship between CIF and the Evangelical Free Church of America (EFCA). CIF is affiliated with EFCA through common religious purposes and goals and uses the proceeds from its Investment Certificates (which will include the CIF 403(b) Investment Certificate) primarily to make loans to EFCA organizations. The close interrelationship between the boards of CIF and the EFCA is described in the "Management" section of the CIF Offering Circular I received in connection with this Investment Selection.

This Investment Selection authorizes FCMM to invest on my behalf future employer and salary deferral contributions in the CIF 403(b) Certificate. I understand I have a duty to review my pay records to confirm that my employer has properly implemented my Salary Deferral Agreement and that I will inform my employer and FCMM if I discover any discrepancies. I understand this election shall remain in effect until I revoke it, change my contribution percentage, or change my investment selection in accordance with the policy established by FCMM. I verify that I have received or have been made available the Offering Circular pertaining to this Option H and that I accept the provisions thereof.

Signature of Employee

Date

**Send to FCMM via our Secure File Exchange: <https://fcmmbenefits.leapfile.net/> or
Mail to: FCMM Benefits & Retirement, 901 East 78th Street, Minneapolis, MN 55420.**

For questions regarding investments in CIF, call Christian Investors Financial at (800) 995-8574.
For other questions about your 403(b)(9) plan, please contact FCMM at (800) 995-5357.