

## Defined Contribution Retirement Plan Employer Application for Membership Instructions

Please complete the Employer Application and return it to The Church Pension Group. 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 Employer Enrollment Confirmation from the Plan Administrator.

- Employer name:** Full name of your organization.
- Employer address:** Your full mailing address, including zip code.
- Employer phone:** Your business telephone number, including area code.
- Contact name:** Full name of contact person.
- Diocese name:** Your diocese name.
- Organization type:** Description of your organization (check one).  
(check one)
- Employer enrollment effective date:** The first day of the month in which the employer will become an active participant in the Plan.
- Employer contribution vesting schedule:** Select vesting schedule (check one).
- Employer base contribution percent:** Select amount of employer base contribution; if other is selected, use whole percentages.
- Employer match percent:** Select amount of employer match contribution; if other is selected, use whole percentages.
- Minimum Employee eligibility requirements:** Check one under each category, age, service length and hours worked per year.

Please review the information included on this application before signing. You are responsible for verifying the accuracy of the information.

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

Please retain a copy for your records.



445 Fifth Avenue  
New York, NY 10016

The Church  
Pension Fund

## Defined Contribution Retirement Plan Employer Application for Membership

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Employer Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Diocese Name: \_\_\_\_\_

Organization Type (check one):  Diocese  Parish/Mission  Hospital  Day Care Center  School  Other

Employer enrollment effective as of the first day of: \_\_\_\_\_  
Month Year

Employer contribution vesting schedule (check one):  Immediate vesting  
 5 year cliff vesting  
 7 year graded vesting

Employer contribution percent (check one):  5% (minimum)\*  
 Other \_\_\_\_\_

Employer match percent (check one):  Up to 4% (minimum)\*  
 Other \_\_\_\_\_

After-tax contributions (check one) (effective April 1, 2002):  Yes  
 No

After-tax contributions percent (complete): Up to \_\_\_\_\_%  
(effective April 1, 2002)

Minimum eligibility requirements for employer contributions and matching contributions  
(check one under each of the following categories):

Age:	Length of service:	Work hours per year:
<input type="checkbox"/> 21	<input type="checkbox"/> 12 months	<input type="checkbox"/> 1,000
<input type="checkbox"/> Other (if less than 21) _____	<input type="checkbox"/> Other (if less than 12) _____	<input type="checkbox"/> Other (if less than 1,000) _____

Note: Employer acknowledges that the responsibility for calculation and payment of the correct contribution amounts and monitoring eligibility are not the responsibility of The Church Pension Fund, but solely that of the undersigned employer.

\_\_\_\_\_  
Employer's Authorized Signature Title Date

\*Under extraordinary circumstances, the Plan Administrator may, in its sole discretion, permit an Employer Contribution and/or Employer Match that is below the minimum amount indicated above.