

Employer Adoption Agreement

The Episcopal Church Lay Employees Defined Contribution Retirement Plan (401(a) and 403(b))

New Enrollment

Amendment

SECTION I- EMPLOYER INFORMATION:

Organization Name: _____
Employer Address: _____
City, State Zip: _____

Contact Name: _____
Employer Phone Number: _____ Fax Number: _____
Email Address: _____

SECTION II- TYPE OF ORGANIZATION (Check One):

<input type="checkbox"/> Church	<input type="checkbox"/> Hospital	<input type="checkbox"/> Diocese	<input type="checkbox"/> School	<input type="checkbox"/> Other
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Yes No Are you a church or an elementary or secondary school which is controlled, operated or principally supported by a church or are you a seminary? If yes, proceed to Section III.

Yes No Do you offer goods, services or facilities for sale, other than on an incidental basis or for a nominal charge, to the general public? If no, proceed to Section III.

Yes No Do you normally receive more than 25% of your support from either (I) governmental sources or (II) receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities, in activities which are not unrelated trades or businesses?

If you answer NO to question 1 and YES to questions 2 and 3, then you are a Non-Qualified Church-Controlled Organization. As a Non-Qualified Church Controlled Organization, you must conduct annual non-discrimination testing and provide an annual notice to Eligible Employees notifying them of their right to participate in the Plan.

SECTION III-CONTRIBUTIONS

SALARY DEFERRALS

Eligible Employees of churches and Qualified Church Controlled Organizations may commence salary deferrals on the first of the month following their first 90 days of employment.

Eligible Employees of Non-Qualified Church Controlled Organizations may commence salary deferrals immediately upon their employment date.

(If you are a Non-Qualified Church Controlled Organization, and you allow one employee to make salary deferrals, you must give all your eligible employees the opportunity to make salary deferrals, whether to this Plan or to another plan.)

EMPLOYER CONTRIBUTIONS

Vesting: Employer contribution vesting schedule (check one):

Please note that employees are automatically vested in their salary deferrals.

Immediate vesting

5-year cliff vesting

7-year graded vesting

Amount:

Employer contribution percent**(check one)

5% (minimum)*

Other _____

Employer match percent** (check one):

Up to 4% (minimum)*

Other _____

** 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.*

*** An Employer may elect an Employer Contribution Percent and Employer Match Percent for employees who meet the minimum eligibility requirements and a different Employer Contribution Percent and Employer Match Percent for employees who do not meet the minimum eligibility requirements. The Employer must specify which elections apply to which group of employees.*

SECTION IV-MINIMUM ELIGIBILITY REQUIREMENTS

Please note that eligible employees may commence salary deferrals 90 days after the start of employment. The eligibility requirements set forth in this Section IV must be met in order for an employee to receive the employer contributions specified in Section III, above.

AGE:

21

Other

LENGTH OF SERVICE:

12 months

Other (If less than 12)

WORK HOURS PER YEAR:

1,000

Other (If less than 1,000)

SECTION V- OTHER 403(b) VENDOR RELATIONSHIPS

Please complete this section if the employer plans to contribute salary deferrals or employer contributions to other 403(b) plans.

Plan Vendor (403(b))	Participant's Name	Address of Plan Vendor	Contact Name and Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

EMPLOYER AUTHORIZATION

By signing below:

- The employer acknowledges that it will make timely contributions in accordance with the final 403(b) regulations. If the employer is delinquent in remitting contributions, it will be the sole responsibility of the employer to remit the delinquent contributions and any lost earnings on those contributions to Fidelity. The employer acknowledges that it must remit contributions within the required time period even if no invoice or reminder notice is provided to the employer.
- The employer acknowledges that the responsibility for calculation and payment of the correct contribution amount and monitoring eligibility is not the responsibility of The Church Pension Fund, but solely that of the employer.
- The employer hereby authorizes The Church Pension Fund or its delegate to share participant information with the above vendor(s) in order to ensure compliance with Internal Revenue Code section 403(b). The employer acknowledges that monitoring the relationship of the above referenced vendors, including the coordination of loan and contribution limits, is not the responsibility of The Church Pension Fund, but solely of the undersigned employer.
- The employer agrees to complete a new adoption agreement form on a timely basis if any changes are made to Sections I, II, III, IV or V.
- If the employer has answered yes to questions 2 and 3 in Section II, the employer will be required to perform non-discrimination testing for all employers who are considered part of its controlled group and provide annual notices to eligible employees notifying them of their right to participate in the Plan.
- The employer acknowledges that it is enrolled in a separate Plan that is sponsored by The Church Pension Fund. Only The Church Pension Fund may amend the Plan (other than any amendment to the terms specified in this Adoption Agreement), and only The Church Pension Fund may designate the investment alternatives available under the Plan.

Employer Authorized Signature: _____

Print Name: _____ **Title:** _____

Date: _____

Notice of Classification (For CPG Use Only)			
QCCO		NON QCCO:	
DIVISION CODE:		UEID:	
PARTY ID:		PSW ETE:	