

445 Fifth Avenue
New York, NY 10016

The Episcopal Church Lay Employees Defined Contribution Retirement Plan Employee Application for Membership Instructions

Please complete the attached Employee Application and return it to your employer. Completing this form accurately helps to ensure that funds will be properly allocated to your retirement account. By signing this document, you agree to allow The Church Pension Fund, Fidelity, any other vendor with whom you have a 403(b) account and your employer to share information with respect to your account in order to ensure proper administration of the Plan in accordance with applicable laws.

After your application has been processed, you will receive an Employee Enrollment Confirmation from the Plan Administrator. To the extent any information in this document changes, please notify The Church Pension Fund as soon as possible by completing the participant change form, which is available at www.cpg.org.

Employee Application for Membership Line-by-Line Instructions

Section I

Employer name: Full name of your employer.
Employer address: Full address of your employer, including ZIP code.

Section II

Employee name: Your full name.
Social Security number: Your Social Security number must be provided in order to have your application processed. Your Social Security number will be used as your account identification number.
Employee address: Your full mailing address, including ZIP code.
Phone numbers: Your business and home telephone numbers, including area code.
E-mail address: Your e-mail address.
Annual compensation: Your annual base salary, excluding bonuses, incentives, and overtime pay.
Hire date: The date you began working for your employer.
Birth date: Your date of birth.
Sex: Male or female.
Marital status: Married or Not Married.

Section III

Employee contribution: Enter the percentage or dollar amount to be deducted from your pay; use whole percentages or dollar amounts only. Your contribution election will be effective the first day of the month following your 90th day of employment, unless your employer specifies a shorter time period.

Section IV

Investment options: Your investment allocation. Please use whole percentages only. Your total allocation must equal 100%.
Employee's signature and date: Your signature and the date you signed the application.

To be completed by your employer:

Please review the information included on this application before signing.
You are responsible for verifying the accuracy of the information.
Employer's Authorized Signature, Title, and Date.
Employee Effective Date: The first day of the month following the 90th day of employment, or such shorter period of time as specified in the Employer Adoption Agreement.
Mail to: The Church Pension Fund
Pension Services
445 Fifth Avenue
New York, NY 10016
Please retain a copy for your records.

445 Fifth Avenue
New York, NY 10016

The Episcopal Church Lay Employees Defined Contribution Retirement Plan Employee Application for Membership

Section I—Employer information

Employer name: _____

Employer address: _____

City

State

Zip

Section II—Employee information (all information must be provided)

Employee name: _____

Social Security number: _____

Employee address: _____

City

State

Zip

Phone numbers: Business: _____ Home: _____

E-mail address: _____

Annual compensation: _____

Hire date: _____

Birth date: _____

Sex: Female
 Male

Marital status: Married
 Not Married

Section III—Election of employee contribution

I hereby elect to contribute to The Episcopal Church Lay Employees Defined Contribution Retirement Plan as indicated below.

I have received written information about the Plan and understand the general requirements of the Plan, including the employee contribution election. I understand that this election will apply to all future salary received from my employer unless I amend the election.

I wish to contribute \$ _____ OR _____ % (please complete only one) from my _____ (weekly, biweekly, monthly) payroll to the Plan. I understand that my contributions will be stopped when my contributions meet the limits set by the Internal Revenue Code.

Section IV—Selection of investment options

I hereby request that the vested employer and employee contributions to the Plan be invested according to the investment election indicated below. I understand that the elected percentages must be in increments of 1% and that the percentages must add up to 100%. In the event my investment percentages do not equal 100%, my contributions that have not been directed to a specific investment option will be invested in the age-appropriate Fidelity Freedom Fund, assuming my retirement age will be age 65. In addition, all nonvested employer dollars will be directed to an age-based appropriate Fidelity Freedom Fund.

Investment Options	Please use whole percentages
Fidelity Retirement Money Market Portfolio	Percentage: _____ %
Church Pension Fund Stable Value Option	Percentage: _____ %
BlackRock Core Bond Total Return Portfolio—Institutional Class	Percentage: _____ %
Domini Social Equity Fund—Investor Shares	Percentage: _____ %
Fidelity Disciplined Equity Fund	Percentage: _____ %
Fidelity Dividend Growth Fund	Percentage: _____ %
Neuberger Berman Genesis Fund—Investor Class	Percentage: _____ %
EuroPacific Growth Fund®—Class R4	Percentage: _____ %
Fidelity Freedom Income Fund®	Percentage: _____ %
Fidelity Freedom 2010 Fund®	Percentage: _____ %
Fidelity Freedom 2015 Fund®	Percentage: _____ %
Fidelity Freedom 2020 Fund®	Percentage: _____ %
Fidelity Freedom 2025 Fund®	Percentage: _____ %
Fidelity Freedom 2030 Fund®	Percentage: _____ %
Fidelity Freedom 2035 Fund®	Percentage: _____ %
Fidelity Freedom 2040 Fund®	Percentage: _____ %
Fidelity Freedom 2045 Fund®	Percentage: _____ %
Fidelity Freedom 2050 Fund®	Percentage: _____ %
Total:	100%

Elected percentages must add up to 100%

Instructions to employee

This is a legal document; make all entries thoughtfully and clearly. Please be certain your Social Security number is correct, because all contributions are maintained using this number. Be certain birth dates are correct; any error may delay your benefits. Complete the enclosed beneficiary designation form carefully to ensure that, upon your death, your account will be distributed in accordance with your wishes.

By signing this form you permit The Church Pension Fund, Fidelity, any other vendor with whom you have a 403(b) account, and your employer to share information regarding your account to ensure compliance with all applicable laws.

Employee's signature _____

Date _____

Employer, please examine the entries on this application before signing it to be sure it is complete and correct. By signing this form, you are verifying its accuracy.

Employer's authorized signature/Title _____

Date _____

Employee Effective Date: _____

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

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