

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.

After your application has been processed, you will receive an Employee Enrollment Confirmation from the Plan Custodian.

Employee Application For Membership

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 #: 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

Annual Compensation: Your annual base salary, excluding bonuses, incentives, and overtime pay

Hire/Ordination Date: The date you began working for your employer or, if you are a cleric, the date of your first ordination

Birth Date: Your date of birth

Sex: Male or female

Marital Status: Married or not married

Phone Numbers: Your business and home telephone numbers, including area code

Section III

Investment Options: Your investment allocation; use whole percentages only; your total allocation must equal 100%

Section IV

Employee

Contribution: Enter the amount to be deducted from your pay; use whole dollars only; indicate your payroll frequency, e.g., weekly, biweekly, monthly

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's Enrollment Date: The first day of the month following completion and mailing of this application

Mail to: The Church Pension Fund, Attn: Pension Services, 445 Fifth Avenue, New York, NY 10016
Please retain a copy for your records.

INITIAL ENROLLMENT

Section I—Employer Information

EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____

Section II—Employee Information

EMPLOYEE NAME: _____ SOC. SEC. #: _____
EMPLOYEE ADDRESS: _____
ANNUAL COMPENSATION: _____ HIRE/ORDINATION DATE: _____ BIRTH DATE: _____ SEX: _____
MARITAL STATUS: Married: _____ Not Married: _____
PHONE NUMBERS: **Business:** (____) _____ **Home:** (____) _____
(All information must be entered)

Section III—Selection of Investment Options

I hereby request that my employer and employee contributions to the Plan be invested according to the investment election indicated below. I understand the elected percentages must be in increments of 1%, and that the percentages must add up to 100%.

Investment Options

Please use whole percentages

Fund Name	Fidelity Retirement Money Market Portfolio	Percentage_____%
Fund Name	Church Pension Fund Stable Value Option	Percentage_____%
Fund Name	BlackRock Core Bond Total Return Portfolio—Institutional Class	Percentage_____%
Fund Name	Domini Social Equity Fund—Investor Shares	Percentage_____%
Fund Name	Fidelity Disciplined Equity Fund	Percentage_____%
Fund Name	Fidelity Dividend Growth Fund	Percentage_____%
Fund Name	Neuberger Berman Fasciano Fund—Investor Class	Percentage_____%
Fund Name	American Funds® EuroPacific Growth Fund®—Class R4	Percentage_____%
Fund Name	Fidelity Freedom Income Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2010 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2015 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2020 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2025 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2030 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2035 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2040 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2045 Fund®	Percentage_____%
Fund Name	Fidelity Freedom 2050 Fund®	Percentage_____%

Total = 100%

Elected percentages must add up to 100%

Section IV—Election of Employee Contribution

I hereby elect to contribute to the Episcopal Church Retirement Savings Plan as indicated below.

I have received written information on 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 \$ _____ from my _____ (weekly, biweekly, monthly) payroll to the Plan.

Instructions to employee

This is a legal document; make all entries thoughtfully and clearly. Please be certain that your Social Security number is correct; all contributions are maintained using this number. Be certain your birth date is correct; an 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.

Employee's Signature Date

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

Employer's Authorized Signature Title Date Enrollment date is the 1st of the next available month

Mail to: The Church Pension Fund, Attn: Pension Services, 445 Fifth Avenue, New York, NY 10016
Please retain a copy for your records.

Shareholders may be subject to certain short-term trading fees. Please consult the prospectus for further information.