



## Enrollment Application

I hereby apply to the committee of the Converge Retirement Plan for membership in the Plan.

I understand that if payment of annual contributions is made by the church or organization I serve in an amount equal to the specified percentage of my annual salary, as determined by the provisions of The Plans and operating policies as defined by the Plan Committee, I shall continue as an active member of The Plans, provided my services for which my annual salary is received are those which are ordinarily performed by an employee of a Converge church or district conference office, and provided such annual salary is received from a church or other organization fully cooperating with, or otherwise appropriately related to, Converge. I further understand that contributions, assuming my continuing eligibility for active membership, are payable until my retirement.

I will notify the administrator of The Plans when the amount of my annual salary changes so that the annual contribution then payable for the ensuing year may be determined. (Notification may be by correction to contribution billing.)

I am an employee of a Converge ministry, and I'm paid for at least 1,000 hours per year.

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate\* \_\_\_\_\_ Citizenship\* \_\_\_\_\_

**Are you an ordained/licensed minister or commissioned missionary?**

Yes  No Date \_\_\_\_\_

Present Church or Organization \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Social Security \_\_\_\_\_ # Spouse's Birthdate\* \_\_\_\_\_

\*Please attach confirmation of birthdate for you and your spouse by providing a photocopy of one of the following: driver's license, passport, or birth certificate.

**Annual contribution**

Annual contribution shall be equal to the specified amount of the total of annual cash salary (plus allowance for housing, utilities, etc. for pastors and missionaries only) as indicated below.

Present Annual Cash Salary	\$ _____
Additional Allowance	\$ _____
Total Compensation	\$ _____

-----  
**Annual Contribution**

Defined Benefit (Pension) Plan  
6% of Total Compensation \$ \_\_\_\_\_ from employer

**Defined Contribution**

Supplemental Plan \_\_\_\_\_ % or \$ \_\_\_\_\_ from employer  
Voluntary Contribution \$ \_\_\_\_\_ from participant

*Please include Salary Reduction Agreement Form*

Total Annual Contribution \$ \_\_\_\_\_ Payable in \_\_\_\_\_ installments  
(1, 2, or 4)

Contract starting date, 1st of \_\_\_\_\_ 20 \_\_\_\_\_

**Notice**

Contributions are payable annually in advance. After the initial payment, it will be in arrears if not paid within 30 days thereafter. By arrangement, contributions may be paid in semiannual or quarterly installments by the addition of an installment charge on the amount contributed to the Defined Benefit Plan.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## Employer Resolution

The following resolution and agreement was voted by:

\_\_\_\_\_ of \_\_\_\_\_,  
(name of church or organization) (city or town) (state)

on \_\_\_\_\_ for \_\_\_\_\_  
(date) (name of plan participant)

**Resolved:** That \_\_\_\_\_  
(name of church or organization)

participate in The Converge Retirement Plan as amended and agrees to pay to the Trustees, in advance, for the member employed by said organization and holding membership in The Plans, annual contributions equivalent to 6% of annual compensation to be contributed to the pension plan; **and \_\_\_\_\_ % or \$ \_\_\_\_\_ of annual compensation to be contributed to the defined contribution plan.** The employer agrees to notify Converge Retirement when changes in salary amount take place so that billing amounts will continue to be the fixed percentage of salary (6%) to the pension plan. It is understood that said annual contributions may be paid semi-annually or quarterly. An installment fee will be added to the pension portion of the contribution. In addition, a voluntary wage reduction may be agreed to by the participant whereby a portion of annual compensation will be withheld by the employer and forwarded to the plan as a voluntary contribution.

\_\_\_\_\_  
(Name of organization)

\_\_\_\_\_  
(Signed by)

\_\_\_\_\_  
(Title)

**Notice:**

It is expected that this contribution will be provided for in the current expense budget. It is neither a part of the benevolence of the church nor of the minister's regular salary.

Under any and all circumstances, payments made on behalf of the employee by the employing organizations are retained as credits in the employee's name, and such credits with interest, will be available to benefit the employee beginning at age 65 unless an early or late retirement option is requested. In case of his death before such retirement, benefits will be paid to his designated beneficiary.

The salary base used to compute annual deposits is the regular cash salary from a qualified employer plus an allowance for the fair rental value of the parsonage when owned by the church or housing allowance that is part of the compensation package.



## Designation of Beneficiary

Participant's Name: \_\_\_\_\_

Marital Status:    Married     Single

I wish to designate the following beneficiary(ies) to receive any death benefits and any Defined Contribution balance that may become payable upon death. I hereby revoke any previous designations of beneficiaries I may have made.

**If married, you may designate a non-spouse as primary beneficiary for applicable death benefits and/or remaining Defined Contribution balance if spousal consent is provided on page 2.**

The **primary beneficiary** for any applicable death benefit under the provisions of the **Defined Benefit Plan** (up to one year of my salary) shall be: **(Please complete both primary beneficiary designations.)**

\_\_\_\_\_  
 Name Relationship

The **primary beneficiary** for any remaining **Defined Contribution Plan** balance shall be:

\_\_\_\_\_  
 Name Relationship

**Secondary beneficiary(ies)** will be:

Name	Relationship/Birthdate	Benefit Type	% Share
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	

\_\_\_\_\_  
 Participant's Signature Date

**Note: If your spouse is not 100% primary beneficiary for both the applicable death benefit and the Defined Contribution balance, then page 2 is required to be completed and notarized.**

## Designation of Beneficiary, Cont'd.

### SPOUSE'S CONSENT - (Married Participants Only)

I am the spouse of the Plan participant stated above. I agree to my spouse naming a primary beneficiary other than myself for the applicable benefit described on page 1 of this form. I acknowledge that I have received a fair and reasonable disclosure of my spouse's death benefits and Defined Contribution balances. I also acknowledge that I shall have no claim whatsoever against Converge Retirement Plan for any payment to my spouse's named beneficiary(ies).

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

### Notary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ (notary public)

\_\_\_\_\_  
(notary seal)



## Salary Reduction Agreement

Defined Contribution Plan  
403(b)

Please print and return completed information to Converge Retirement Plan.

### Participant Information

---

Participant Name

Employer

Home Address

City

State

Zip

### Participant Election

---

This agreement is made between the participant and the employer. **Any changes to the amounts in this agreement require a new form to be filed with Converge Retirement Plan.**

I, the undersigned participant, hereby elect to:

#### Tax-sheltered contributions

- Defer from my salary on a tax-sheltered basis \$ \_\_\_\_\_ (annually)  
 Cease my tax-sheltered deferral contributions.

#### Effective Date

- Make the effective date of this agreement:

### Participant Signature

---

I understand the amount of such reduction, according to this election, will be withheld from my paychecks and paid by my employer into my account in the Plan. The employer agrees to withhold employee contributions and send the funds to Converge Retirement Plan on a regular basis. If for any reason the amount of such reduction is returned to the employer according to the terms of the Plan, the amount returned to the employer shall immediately be returned to the employee.

Participant Signature

Date

Employer Signature

Date

Employer Title