



# CHURCH OF THE BRETHREN PENSION PLAN

a not-for-profit ministry of Church of the Brethren Benefit Trust, Inc.  
1505 Dundee Avenue, Elgin, IL 60120-1619  
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# Individual Agreement to Participate

\_\_\_\_\_ name \_\_\_\_\_ social security number \_\_\_\_\_

\_\_\_\_\_ address \_\_\_\_\_ daytime phone number \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_ home phone number \_\_\_\_\_

Present status:  full-time pastor  part-time pastor Gender:  male  
 full-time lay employee  part-time lay employee  female

Employer's name \_\_\_\_\_  
(congregation, board, organization)

Date employment began \_\_\_\_\_ Number of hours worked \_\_\_\_\_

Are you ordained?  yes  no If yes, date of ordination \_\_\_\_\_

Birth date \_\_\_\_\_ If married, date of marriage \_\_\_\_\_

Spouse's full name \_\_\_\_\_

Spouse's birth date \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Name, address, and relationship of contingent beneficiary(ies)  
**Please name someone other than your spouse. If you are married, your spouse is your primary beneficiary.**

Date membership in the Pension Plan is to begin \_\_\_\_\_

**Initial fund selection (must be completed to activate your account).** Use whole percentages only. Total must be 100%.  
**I hereby request that contributions made to my Pension Plan account be distributed among the investment funds as follows –**

_____ %	Common Stock Fund	_____ %	Bond Fund
_____ %	Balanced Fund	_____ %	Community Investment Fund*
_____ %	Short-Term Fund		

**\*\*\*Disclaimer Notice\*\*\***

If you wish to allocate more than one percent of your total account to the Community Investment Fund, you must sign a disclaimer stating that you understand the risk.

**I hereby agree to participate in the Church of the Brethren Pension Plan.**

Signature \_\_\_\_\_ Date \_\_\_\_\_