



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
800-746-1505 • 847-695-0200 • Fax 847-742-6336
www.brethrenbenefittrust.org

Individual Agreement to Participate

Name _____ Social Security Number _____

Address _____ Daytime Phone _____

City _____ State _____ ZIP Code _____ Home Phone _____

Present Status: Full-Time Pastor Part-Time Pastor Gender: Male
 Full-Time Lay Employee Part-Time Lay Employee Female

Employer's Name _____ Church Code: _____ - _____
(congregation, board, organization) (churches and district entities)

Date Employment Began _____ Number of Hours Worked _____

Are you CoB clergy? Yes No If yes, date of ordination / licensure _____
(circle correct designation)

Birth Date _____ If married, date of marriage _____

Spouse's Full Name _____

Spouse's Birth Date _____ Spouse's Social Security Number _____

If you are married, your spouse is your primary beneficiary. Please complete the "Beneficiary Designation" form to identify any contingent 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 percent.

I hereby request that contributions made to my Pension Plan account be distributed among the investment funds as follows —

_____ % Balanced Fund _____ % Community Development Investment Fund*

_____ % Bond Fund _____ % Common Stock Fund

_____ % Short-Term Fund

*****Disclaimer Notice*****

If you wish to allocate more than 1 percent of your total account to the Community Development Investment Fund, you must sign a disclaimer stating that you understand the risk.

For Office Use Only

H.R. _____ Acct. _____
Date _____ Date _____

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

Signature _____

Date _____