

**FORM 01: PARTICIPANT ENROLLMENT APPLICATION**

Use this form with your initial enrollment in the FCMM Retirement Plan or when you change sponsoring employers.

**Return this completed form to your employer.**

You have received this form because your employer has deemed you to be eligible to participate in the FCMM 403(b)(9) Retirement Plan (The "Plan"). FCMM is a defined contribution plan that is designed as a "church plan" under IRS Code section 414(e) and as an Internal Revenue Code section 403(b)(9) (the "Code") retirement income account. For details of the eligibility requirements and how your employer has agreed to contribute on your behalf, please refer to your Employer's Adoption Agreement. For information about the Plan and its provisions, please refer to the FCMM Summary Plan Description found on our website: [www.fcmmbenefits.org/documents](http://www.fcmmbenefits.org/documents)

**Check this box if you already have an FCMM account through a previous employer.**

**STEP 1: Personal Information**

Full Legal Name: \_\_\_\_\_ Gender:  Male  Female

City and State of Birth (include country if outside the US): \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO\* Country of Residence: \_\_\_\_\_

\*To be considered for enrollment, non-US citizens must also review, sign, and submit Form 01F, available upon request by email [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org)

Social Security Number (SSN): \_\_\_\_\_ **OR**

Taxpayer Identification Number (TIN): \_\_\_\_\_ **AND** Country of Issue: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Phone Numbers: \_\_\_\_\_  
Home Cell

Email Address: \_\_\_\_\_  
(NOTE: The email address you provide above will be used by FCMM to correspond with you about your retirement account and any other relevant financial information or activity.)

Marital Status:  Single  Married  Widowed  Divorced

Spouse's Full Legal Name: \_\_\_\_\_  
First Middle Last

Spouse's Social Security No.: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
Month Day Year

**STEP 2: Housing Allowance**

Are you eligible as a minister according to IRS guidelines to receive a housing allowance from your employer?

Yes  No

**STEP 3: Eligibility Requirements**

Please select one of the criteria below:

- I am an Employee of a church or organization that has adopted the FCMM Retirement Plan.
- I am an Employee of the EFCA National Office.
- I am an EFCA ReachGlobal or EFCA ReachNational Missionary. (Indicate employment status below.)
  - Primary Employee  Spouse Employee
- If not employed in a category above:** I am an ordained or licensed minister in full-time ministry, credentialed by the EFCA, and presently serving in a position that meets the eligibility requirements of Section 3.1(g) of the FCMM Retirement Plan Document. I certify that I function as a minister in my day-to-day responsibilities with the organization and that I will not actively participate in any non-FCMM defined contribution plan of my employer.

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## STEP 4: Employee Signature

By signing below, I acknowledge that I have read and understand the information on this Participant Enrollment Application and certify all supplied information to be true and correct. I understand that my participation in the FCMM Plan shall continue in force and effect until: a) my retirement, b) my termination of employment or from eligible service, c) my death, d) the employer's cancellation of its agreement with FCMM, or e) the termination of the FCMM Plan. If I am a non-US citizen, I understand that I must also submit Form 01F with my enrollment application.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## STEP 5: Employer Information



**This section must be completed by the EMPLOYER per its Employer Adoption Agreement.**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Date of most recent Employer Adoption Agreement: \_\_\_\_\_

Employee's Contribution Class<sup>♦</sup>: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Based on our most recent Adoption Agreement, this employee is eligible for the following (Check all that apply):

**Employer Contributions**

**Employer MATCH of Employee Contributions** (Employee must indicate a Salary Deferral % or \$ amount under STEP 4 of Form 03)

**Employee Salary Deferral Contributions** (Employee must indicate a Salary Deferral % or \$ amount under STEP 4 of Form 03)

! ALL employees working 20 hours or more per week OR 1000 hours or more per year are eligible to participate in the Plan via Employee Salary Deferral Contributions unless otherwise specified on your Employer Adoption Agreement.

<sup>♦</sup> Please refer to your Employer Adoption Agreement to determine the employee's Contribution Class.

By signing below, I certify that this applicant is eligible to participate in the FCMM Retirement Plan according to the information noted above:

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Printed Name of Employer Representative

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

## STEP 6: Form Submission

Employer, please submit this completed form to FCMM by **mail** or **secure file exchange**.

**Mail:**  
FCMM Benefits & Retirement  
901 East 78th  
Street, Minneapolis, MN 55420

**Secure File Exchange:**  
<https://fcmmbenefits.leapfile.net/>

Questions? Contact FCMM Client Services at [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org) or (800)995-5357.

**For FCMM Office Use Only**

FCMM Depositor #: \_\_\_\_\_ Received Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Processed Date: \_\_\_\_\_

A copy of FCMM's Privacy Notice can be found at [fcmmbenefits.org](http://fcmmbenefits.org)