BENEFITS & RETIREMENT fcmm®

Free Church Ministers' & Missionaries' Retirement Plan
901 East 78th Street, Minneapolis, MN 55420-1300
(800) 995-5357 | Fax (952) 853-8474

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

☛ ☐ Check this box if you are reporting a change to a *new* employer

STEP 1: Personal Information

Full Legal Name: _____
First Middle Last

Job Title: _____ Gender: ○ Male ○ Female

Social Security Number: _____ - ___ - _____ Date of Birth: _____
Month Day Year

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 <u>one</u> of the criteria below:

○ I am an Employee of a church or organization that has adopted the FCMM Retirement Plan.

○ I am an EFCA ReachGlobal or EFCA ReachNational Missionary.

○ I am an Employee of the EFCA National Office.

○ **If <u>not</u> 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.

_____

Employee Signature

Date

STEP 5: Employer Information

STOP *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*: _____ Hire Date: _____

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

- ☐ **Employer Contributions** (Employee must complete Form 03, Steps 1-5A)
- ☐ **Employer MATCH of Employee Contributions** (Employee must complete Form 03, Steps 1-5B)
- ☐ **Employee Salary Deferral Contributions** (Employee must complete Form 03, Steps 1-5B)

  ! 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

**Please refer to your Employer Adoption Agreement to determine the employee's Contribution Class.*

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By signing below, I certify that this applicant is eligible to participant 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, email, or fax.

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

Email:
fcmm@fcmmbenefits.org

Fax:
(952)853-8474

For FCMM Office Use Only

FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____

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