



FORM 01A: REALLOCATION OF EMPLOYER CONTRIBUTIONS
Complete to change your investment allocation for future employer contributions or to establish your account with a new qualified employer.

STEP 1: Personal Information

Name: _____ SSN (Last Four): _____
Last First Middle

Home Address: _____
Street City State Zip Code

Primary Phone #: _____ Alternate Phone #: _____

Please indicate an email address to which FCMM may send you correspondence regarding your account:

Are you eligible as credentialed clergy to receive a housing allowance from your employer named below? (Do you annually file a Form 1040, Schedule SE to the IRS for Self-Employment Tax as ordained, licensed, or commissioned clergy?) Yes No

Name and address of FCMM qualified employer: _____

_____ Date of Hire: _____

STEP 2: Choose Your Investment

I hereby authorize the employer contributions made on my behalf to the FCMM Plan to be invested as follows:

_____ % applied to the Conservative Growth with Annuity Benefit Fund (Option C)*

*Option C funds cannot be transferred to other funds before age 59 1/2.

_____ % applied to the Moderate Growth Stock Fund (Option D)

_____ % applied to Diversified Bond Fund (Option E)

_____ % applied to one of the Self-Selected Mutual Funds - American Funds (Option F)**

**For American Funds, fill out a PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS (Form 04). This form must be on file with FCMM in order for money to be invested in American Funds.

_____ % applied to one of the Self-Selected Mutual Funds - Vanguard Funds (Option G)***

***For Vanguard Funds, fill out a PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS (Form 05). This form must be on file with FCMM in order for money to be invested in Vanguard Funds.

_____ % applied to the Adjustable Rate Investment (Option H)****

****For the Adjustable Rate Investment, fill out a PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL (Form 06). This form and a valid email address must be on file with FCMM in order for money to be invested in Option H. This option allows participants to invest in an adjustable interest rate Investment Certificate with Christian Investors Financial ("CIF").

_____ % applied to the Self-Selected Mutual Funds – Biblically Responsible Funds (Option J)*****

*****For Biblically Responsible Funds, fill out a PARTICIPANT INVESTMENT SELECTION— BIBLICALLY RESPONSIBLE FUNDS (Form 07). This form must be on file with FCMM in order for money to be invested in Timothy Plan Funds or GuideStone Funds.

_____ % Total must equal 100%

This election will remain in force with respect to all employer contributions until revoked or modified by me, through written request to FCMM.

STEP 3: Signature

This agreement shall continue in force and effect until terminated by the: a) retirement of the employee, b) employee's termination of employment or from eligible service, c) death of the employee, d) written notice of cancellation of the agreement to the FCMM Plan by the employer or employee specifying a cancellation date at least thirty days from the date of the notice, or e) termination of the FCMM Plan.

Signature _____ Date _____

IRS Code Sections 402(g) and 415(c) Contribution Limits
No more than the lesser of \$54,000 or 100% of your includible compensation (housing allowance is excluded) can be invested in the Plan for 2017. Within this amount you can elect to defer \$18,000 of your annual compensation as salary deferral contributions. In 2017, a participant over age 50 can make salary deferral contributions up to \$6,000 above these limits. These limits apply to the total of all contributions to all 403(b) plans participated in and are adjusted annually by the IRS.

For FCMM Office Use Only

ID #: _____ Enrollment Date: _____ Entered By: _____ Date: _____