

FORM 03: INVESTMENT SELECTION FORM (PAGE 2)

☛ Know Your Limits - IRS Code Sections 402(g) and 415(c) Contribution Limits

The IRS limits the amounts that can be contributed to retirement plans annually.

- The **overall limit** [415(c)] is the total of employer and employee salary deferral contributions. *Your personal limit is capped at the lesser of the IRS stated dollar amount or your includible compensation (excludes housing allowance).*
- The employee **salary deferral limit** [402(g)] covers all pre-tax and Roth deferrals to all 403(b) and 401(k) plans.
- The **age 50 catch-up limit** [414(v)] allows Members who turn age 50 or older during the calendar year to make additional deferral contributions up to the catch-up limit.

For current year information, please visit the homepage of the FCMM website.

STEP 5: Choose Your Investments

PART A – Select where you want your contributions invested.

The investment allocation below is **new or replaces** my allocations currently on file.

Use my investment allocation **currently on file** with FCMM. (Skip to STEP 6)

NOTE: Refer to Form 31 for descriptions of each investment Option

_____ % applied to FCMM Lifetime Fund (**Option C**)*

*Transfers of Option C funds are limited to once per year before age 59 ½

_____ % applied to FCMM Managed Stock Fund (**Option D**)

_____ % applied to FCMM Managed Bond/Income Fund (**Option E**)

_____ % applied to American Funds (**Option F**)

Please also complete Form 04: PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS

_____ % applied to Vanguard Funds (**Option G**)

Please also complete Form 05: PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS

_____ % applied to Adjustable Rate Investment Certificate with CIF (**Option H**)

Please also complete Form 06: PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL (CIF)

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

Please also complete Form 07: PARTICIPANT INVESTMENT SELECTION—BIBLICALLY RESPONSIBLE FUNDS.

_____ % Total must equal 100%

PART B – Indicate to which contribution type(s) the investment allocation applies

The investment allocation in STEP 5A, can apply to one or more of the Contribution Types made to your FCMM account. Please select the types of contributions for which the investment allocation in 5A applies.

☛ If no box is checked, the form will apply to ALL contribution types made to your account.

Apply investment allocations in **PART A** to ALL contribution types made to my FCMM Retirement Plan account.

OR

The allocations in **PART A** only apply to the following **contribution type(s)**:

- Employer contributions
- Employee pre-tax salary deferral contributions
- Employee Roth salary deferral contributions

NOTE:

*If you want each contribution type invested **differently**, you must check the applicable box to the left and submit a separate copy of this page for each contribution type.*

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STEP 6: Employee Signature (REQUIRED)

By signing below, I am authorizing the amount(s) indicated in **STEP 4** of this form to be *withheld from my paychecks* and paid by my employer into my FCMM account. I am also authorizing all contributions indicated on this form to be invested as specified in **STEP 5** of this form. I further understand that this investment election will remain in force until: a) revoked or modified by me through written request to FCMM, b) my retirement, c) my termination of employment or from eligible service, d) my death, e) my employer's cancellation of its agreement with FCMM, or f) the termination of the FCMM Plan.

Employee Signature (Electronic signatures NOT accepted)

Date

STEP 7: Employer Acknowledgement



This section must be completed by EMPLOYER if employee is *contributing or stopping salary deferrals*, as indicated in STEP 4.

The employer agrees to deduct the requested salary deferrals, as indicated in **STEP 4** of this form, and to remit the salary deferral contributions to FCMM as soon as reasonable for the proper administration of the Plan, *ensuring FCMM receives the funds no later than the 15th business day of the month following the month of deduction*. If **STEP 4** indicates a request to STOP all deferrals, the Employer agrees to cease salary deferral deductions from the employee's paycheck as soon as administratively feasible. The Employer signature below acknowledges receipt and acceptance of this agreement.

NOTE: All checks must come from the Employer. FCMM cannot receive personal checks.
Membership becomes effective upon receipt of first employer check.

Name of Employer Representative

Email Address

Signature of Employer Representative

Date

STEP 8: Form Submittal

A copy of this form must be submitted to both the employer's payroll department and to FCMM.

Please submit this completed form to FCMM using one of the methods noted below, preferably using our Secure File Exchange.

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

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

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

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

FCMM USE ONLY

No.

Received in Good Order

Processed