

**FORM 03: INVESTMENT SELECTION FORM**

**Use this form to:**

- Authorize your employer to deduct salary deferral contributions from your paycheck OR to stop deductions, if any.
- Indicate investment selections for Retirement Contributions

**Return this completed form to your employer**

**STEP 1: Personal Information**

Full Legal Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM / DD / YYYY City State (Country if outside US)

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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.)

Employer Name: \_\_\_\_\_ City, State: \_\_\_\_\_

**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: Review Contribution Types**

- The **EmployER Contribution** amount is determined by your employer and is specified in your Employer's Adoption Agreement (Form 20). It is NOT withheld from your paycheck. By definition, it is a "tax-deferred benefit". **(Please refer to STEP 5 of your enrollment form (Form 01) to determine eligibility for Employer or Employer Matching contributions)**
- **EmployEE Pre-Tax Deferral Contributions** are deducted from your Gross Income each pay period (i.e. PRIOR to taxes being withheld) and reduce your taxable income. Your employer must report the annual total(s) of your deferrals in box 12 of your W-2.
- **EmployEE Roth Deferral Contributions** are deducted from your income each pay period (i.e. AFTER taxes have been withheld). Roth deferrals do not reduce your taxable income. Your employer must report the annual total(s) of your deferrals in box 12 of your W-2.

**STEP 4: Choose EmployEE Salary Deferral Contribution Types and Amounts (if any)**

**! ONLY** complete this section if you will be making voluntary salary deferral contributions from your paycheck or stopping deferrals. By completing STEP 4 and signing this form, you authorize your employer to deduct amounts from your paycheck according to your specific choice(s) indicated below. You may change your choice(s) or stop your salary deferrals by submitting a new Form 03 to FCMM.

<input type="checkbox"/> <b>PRE-TAX</b> I hereby authorize my employer to deduct from my paycheck: \$ _____ OR _____%* PER PAY PERIOD on a PRE-TAX basis up to the IRS annual deferral limit.	<input type="checkbox"/> <b>ROTH</b> I hereby authorize my employer to deduct from my paycheck: \$ _____ OR _____%* PER PAY PERIOD on a ROTH basis up to the IRS annual deferral limit.	I hereby wish to <b>STOP</b> the following deductions from my paycheck. I reserve the right to contribute at a later time. <input type="checkbox"/> STOP ALL DEFERRALS <input type="checkbox"/> STOP PRE-TAX DEFERRALS <input type="checkbox"/> STOP ROTH DEFERRALS	<input type="checkbox"/> <b>NO CHANGE</b> I do not wish to change my deferral type(s) or amount(s) at this time. My salary deferral contributions will continue according to the information currently on file with FCMM.
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\*Percentages are based on compensation. FCMM defines compensation as cash-salary plus housing allowance and other amounts excludable from gross income. See the FCMM Plan Document for more information.

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### Know Your Limits

#### IRS Code Sections 402(g) and 415(c) Contribution Limits

No more than *the lesser* of \$57,000 or 100% of your includible compensation (housing allowance is excluded) can be invested in the Plan for 2020. Within this amount you can elect to defer \$19,500 of your annual compensation as salary deferral contributions. In 2020, a participant age 50 or older can make salary deferral contributions up to \$6,500 above these limits. These limits apply to the total of all contributions to all 403(b) and 401(k) plans participated in and are adjusted annually by the IRS.

### 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.*

## FORM 03: INVESTMENT SELECTION FORM (PAGE 3)

### STEP 6: Employee Signature

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

Date

### STEP 7: Employer Acknowledgement



#### **This section must be completed by your EMPLOYER**

The employer agrees to deduct the requested salary deferrals, as indicated in **STEP 4** of this form, and remit the salary deferral contributions to FCMM as soon as reasonable for the proper administration of the Plan. (An example of a reasonable time is 15 business days following the month in which contributions are withheld from an employee's paycheck.) 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 Submission

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

Submit this completed form to FCMM by mail or by using our secure file exchange.

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

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

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

#### For FCMM Office Use Only

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