

FORM 03: INVESTMENT SELECTION FORM
(Includes Optional Employee Salary Deferral Agreement)

Use this form to:

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

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 or stopping** voluntary salary deferral contributions from your paycheck. **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.** To change or stop your salary deferral choices, you must submit a *new Form 03* to FCMM.

<input type="checkbox"/> PRE-TAX 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"/> ROTH 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 STOP 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"/> NO CHANGE 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

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

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/>

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

For FCMM Office Use Only

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