

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:		ace of Birth:		State	(Country if outside US)
Address:					
	Alternate Phone:				
Email Address: (NOTE: The email address you		by FCMM to correspond with you about y	our retirement account a	and any other relev	vant financial information or activity.)
Employer Name:		Ci	ity, 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.

 PRE-TAX I hereby authorize my employer to deduct from my paycheck: ^C ROTH I hereby authorize my employer to deduct from my paycheck I hereby authorize my employer to deduct from my paycheck ^C PER PAY PERIOD on a PRE-TAX 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. STOP ALL DEFERRALS STOP PRE-TAX DEFERRALS STOP ROTH DEFERRALS	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.

Image: Free 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 <u>and</u> employee salary deferral contributions. Your personal limit is capped at <u>the lesser of</u> the IRS stated dollar amount <u>or</u> 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 <i>new</i> <u>or</u> <i>replaces</i> my allocations currently on file.	□ Use my investment allocation <i>currently on file</i> with FCMM. (Skip to STEP 6)	NOTE: Refer to Form 31 for descriptions of each investment Option
% applied to FCMM Lifetime F *Transfers of Option C funds	und (Option C) * are limited to once per year before age 59) 1/2
% applied to FCMM Managed	Stock Fund (Option D)	
% applied to FCMM Managed	Bond/Income Fund (Option E)	
% applied to American Funds Please also complete Form	(Option F) 04: Participant Investment Selection—America	N FUNDS
% applied to Vanguard Funds Please also complete Form	(Option G) 05: Participant Investment Selection—Vanguar	rd Funds
	nvestment Certificate with CIF (Option H) 06: Participant Investment Selection—Christia	AN INVESTORS FINANCIAL (CIF)
	tual Funds – Biblically Responsible Funds 07: Participant Investment Selection—Biblicali	· · /
% 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 <u>ALL</u> contribution types made to my FCMM Retirement Plan account.
 OR

 The allocations in PART A only apply to the following contribution type(s):
 Employee contributions
 Employee pre-tax salary deferral contributions
 Employee Roth salary deferral contributions

FORM 03: INVESTMENT SELECTION FORM (PAGE 3)

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 <u>must</u> be submitted to <u>both</u> 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

FOMM USE ONLY				
No.	Received in Good Order	Processed		