## Free Church Ministers' & Missionaries' Retirement Plan



901 East 78th Street, Minneapolis, MN 55420-1300 (800) 995-5357 | fcmmbenefits.org

## FORM 06: PARTICIPANT INVESTMENT SELECTION: CHRISTIAN INVESTORS FINANCIAL

Complete this form to invest funds in the Adjustable Rate Investment (Option H) through Christian Investors Financial (CIF).

STEP 1: Personal Informa	tion (Please print)	
Name:	SSN (Last Four Digits):	
Date of Birth:	Date of Hire:	
Primary Phone:	Email:	
Address:		
STEP 2: Investment Infor	mation	
You have elected to invest all 403(b)(9) Certificate held by available at https://christianing	I or a portion of your contributions in a Christian Investors Final the FCMM Retirement Plan (FCMM). Current interest rate interestors.org/403b. On that page, select the state in which you inload Resource" for the Interest Rate Sheet or contact CIF at	formation is reside, click
STEP 3: Signature		
the information on file with FC and all Supplements the	03b and (b) certify that I am a resident of the state ident	ing Circular ⁄iewed at
I understand that the FCMM R salary deferral contributions in	Retirement Plan permits me to invest employer contributions and the CIF 403(b) Certificate.	d employee
the Evangelical Free Church of purposes and goals and uses 403(b) Investment Certificate) between the boards of CIF and	raph informs me that there is a close affiliate relationship between of America (EFCA). CIF is affiliated with EFCA through commentate the proceeds from its Investment Certificates (which will inclusive primarily to make loans to EFCA organizations. The close interned the EFCA is described in the "Management" section of the Con with this Investment Selection.	on religious ude the CIF relationship
contributions in the CIF 403(b) that my employer has proper employer and FCMM if I disco I revoke it, change my contribute policy established by FCM	thorizes FCMM to invest on my behalf future employer and sall Certificate. I understand I have a duty to review my pay recording implemented my Salary Deferral Agreement and that I will over any discrepancies. I understand this election shall remain in oution percentage, or change my investment selection in accomm. I verify that I have received or have been made available to the I accept the provisions thereof.	s to confirm I inform my n effect until rdance with
Signature of Employee		Date

Send to FCMM via our Secure File Exchange: <a href="https://fcmmbenefits.leapfile.net/">https://fcmmbenefits.leapfile.net/</a> or Mail to: FCMM Benefits & Retirement, 901 East 78th Street, Minneapolis, MN 55420.