



# Participant Enrollment Packet

## FCMM Retirement Plan



# Table of Contents

Please complete all required forms, as well as any optional forms you choose, and submit them to your employer. Once FCMM processes your enrollment, you will receive the "FCMM Participant Welcome Packet" via email. For your review, a copy of our Privacy Notice is located at the end of this packet.

## REQUIRED FORMS

### **Participant Enrollment Application (Form 01)\***

This form contains required personal information. The employer must specify the employee class to which you belong. An employer or church official's signature is required.

1

### **Participant Beneficiary Designation (Form 02)**

This form designates the individuals who will receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants.

3

### **Investment Selection Form - Includes Optional Salary Deferral Agreement (Form 03)\*\***

This form indicates where contributions made on your behalf will be invested. You must specify investment choices and may agree to a voluntary salary deferral contribution from your paycheck. An employer or church official's signature is required.

6

## RESOURCES

### **Investment Option Descriptions (Form 31)**

This informational form explains the investment strategy of each option. It also has a brief description of the multiple retirement benefit options that FCMM offers.

9

## OPTIONAL FORMS

### **Third Party Disclosure Authorization (Form 12)**

This form is used to grant permission to FCMM to discuss your account details with a specific third party - such as a spouse, financial advisor, or power of attorney. FCMM is unable to share your account information with anyone but you if this authorization is not on file at FCMM.

11

### **Transfer/Rollover to FCMM 403b (Form 08) - available on website**

Have other retirement accounts? FCMM is able to accept funds from your other plans via direct rollover or transfer after the first contribution from your employer is received. This form is available on our website at [www.fcmmbenefits.org/documents](http://www.fcmmbenefits.org/documents).

**FORM 01: PARTICIPANT ENROLLMENT APPLICATION**

Use this form with your initial enrollment in the FCMM Retirement Plan or when you change sponsoring employers.  
 Return this completed form to your employer.

You have received this form because your employer has deemed you to be eligible to participate in the FCMM 403(b)(9) Retirement Plan (The "Plan"). FCMM is a defined contribution plan that is designed as a "church plan" under IRS Code section 414(e) and as an Internal Revenue Code section 403(b)(9) retirement income account. For details of the eligibility requirements and how your employer has agreed to contribute on your behalf, please refer to your Employer's Adoption Agreement. For information about the Plan and its provisions, please refer to the FCMM Summary Plan Description (Form 38) found on our website: [www.fcmmbenefits.org/documents](http://www.fcmmbenefits.org/documents)

*Check this box if you already have an FCMM account through a previous employer.*

**STEP 1: Personal Information**

Legal Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ City, State, & Country of Birth: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_ OR

Taxpayer Identification Number (TIN): \_\_\_\_\_ AND Country of Issue: \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO\* Country of Residence: \_\_\_\_\_

\*To be considered for enrollment, non-US citizens must also review, sign, and submit Form 01F, available upon request by email at [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org)

Home Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
 Preferred \_\_\_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_ Employer City & State: \_\_\_\_\_

**STEP 2: Marital Information**

Marital Status:  Single  Married  Widowed  Divorced

Spouse's Legal Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's Social Security Number (SSN): \_\_\_\_\_ OR

Taxpayer Identification Number (TIN): \_\_\_\_\_ AND Country of Issue: \_\_\_\_\_

**STEP 3: Housing Allowance**

Are you eligible as a minister according to IRS guidelines to receive a housing allowance from your employer?

Yes  No

**STEP 4: Eligibility Requirements**

Please select one of the criteria below:

- I am an Employee of a church or organization that has adopted the FCMM Retirement Plan.
- I am an Employee of the EFCA National Office.
- I am an EFCA ReachGlobal or EFCA ReachNational Missionary. (Indicate employment status below.)
  - Primary Employee
  - Spouse Employee
- If not employed in a category above: I am an ordained or licensed minister in full-time ministry, credentialled by the EFCA, and presently serving in a position that meets the eligibility requirements of Section 3.1(g) of the FCMM Retirement Plan Document. I certify that I function as a minister in my day-to-day responsibilities with the organization and that I will not actively participate in any non-FCMM defined contribution plan of my employer.

## FORM 01: PARTICIPANT ENROLLMENT APPLICATION (PAGE 2)

### STEP 5: Employee Acknowledgement and Signature

#### Acknowledgement

I understand that all employee elective deferral contributions made to any 403(b) or 401(k) *in the same calendar year must be aggregated* for purposes of IRS contribution limits. *It is my responsibility* to monitor my *combined* elective deferrals across all 401(k) and 403(b) plans in which I participate to ensure I do not exceed the annual limit.

#### Signature

By signing below, I acknowledge that I have read and understand all information on this Participant Enrollment Application and certify all supplied information to be true and correct. I understand that my participation in the FCMM Plan shall continue in force and effect until a) my retirement, b) my termination of employment or from eligible service, c) my death, d) the employer's cancellation of its agreement with FCMM, or e) the termination of the FCMM Plan. If I am a non-US citizen, I understand that I must also submit Form 01F with my enrollment application.

Employee Signature (Electronic signatures NOT accepted)

Date

### STEP 6: Employer Information



***This section must be completed by the EMPLOYER per its Employer Adoption Agreement (Form 20)***

Employer Name: \_\_\_\_\_ EFCA/FCMM Org. ID: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of most recent Employer Adoption Agreement: \_\_\_\_\_

Employee's Contribution Class<sup>♦</sup>: \_\_\_\_\_ Hire Date: \_\_\_\_\_

♦ Please refer to your Employer Adoption Agreement to determine the employee's Contribution Class.

**Based on our most recent Adoption Agreement, this employee is eligible for the following (Check all that apply):**

- Employer Contributions**
- Employer MATCH of Employee Contributions** (Employee must indicate a Salary Deferral % or \$ amount under STEP 4, Form 03)
- Employer MATCH of Qualified Student Loan Payments (QSLP)** (Must be elected on Employer's Adoption Agreement & on Form 03)
- Employee Salary Deferral Contributions** (If this is only box checked a Salary Deferral % or \$ amount required under STEP 4, Form 03)  
! ALL employees working 20 hours or more per week OR 1000 hours or more per year are eligible to participate in the Plan via voluntary Employee Salary Deferral Contributions unless otherwise specified in your Employer Adoption Agreement. \*

\*Once an employee is eligible to participate in the Plan via Salary Deferral Contributions, they cannot later be excluded from making Salary Deferral Contributions on the basis that their work hours decreased.

By signing below, I certify that this applicant is eligible to participate in the FCMM Retirement Plan according to the information noted above. Signer must include all contact information below.

Signature of Employer Representative	Date	Printed Name of Employer Representative
Email Address of Employer Representative	Phone Number of Employee Representative	

### STEP 7: Form Submittal

Employer, 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](mailto:Fcmm@fcmmbenefits.org) or (800)995-5357  
A copy of FCMM's Privacy Notice can be found at [fcmmbenefits.org](http://fcmmbenefits.org)

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**FORM 02: PARTICIPANT BENEFICIARY DESIGNATION**

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

**STEP 1: PERSONAL INFORMATION**

Participant's Full Legal Name: \_\_\_\_\_

Social Security Number (Last 4 digits): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

**STEP 2: DESIGNATE YOUR PRIMARY BENEFICIARY**

Please note the following when making your Primary Beneficiary Designations: \*Total Designations must equal 100%.

- Your current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document.
- A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.
- If you name an entity [e.g. charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 12/31 of the year following your death.

**Spouse as PRIMARY Beneficiary**

If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized.

Spouse Name \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*  
 (Spouse's Full Legal Name)

**Other(s) as PRIMARY Beneficiary** (Attach a separate page of needed)

- Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**OPTIONAL: Select Per Stirpes OR Per Capita to apply to Spouse and/or Other(s) as PRIMARY Beneficiary(s)**

**Per Stirpes:** A deceased beneficiary's share shall pass to his/her children

**Additional Per Stirpes Contingency:** If the deceased beneficiary has a surviving spouse, beneficiary's share shall pass to his/her spouse

**Per Capita:** A deceased beneficiary's share shall be equally divided among the surviving primary beneficiaries

**Trust as PRIMARY Beneficiary** Designation: \_\_\_\_\_ %\*

When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee.

Name of Trust as it appears on the Trust Document: \_\_\_\_\_ Trust Date: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ Trustee Address: \_\_\_\_\_

Successor Trustee Name: \_\_\_\_\_ Successor Trustee Address: \_\_\_\_\_

**Charity as PRIMARY Beneficiary** Designation: \_\_\_\_\_ %\*

Full Legal Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

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

## FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

**STEP 3: CONTINGENT BENEFICIARY** - *This section is optional, but completion is advised. If your Primary Beneficiary does not survive you, and you have not named a Contingent Beneficiary, your account may be forced out to your estate to go through probate.*

### Part A

In the event the Primary Beneficiary does not survive you, your account balance will be divided among the Contingent Beneficiaries per your designations below.

I would like to indicate my children named in Part B and my future lawful living children, as my **CONTINGENT** Beneficiary(s)

Default Designation: **Equal Shares**

Other Designation (must indicate designation percent per person in Part B below)

I would like to indicate the individual(s) named in Part B as my **CONTINGENT** Beneficiary(s)

Default Designation: **Equal Shares**

Other Designation (must indicate designation percent per person in Part B below)

I would like to indicate the Trust and/or Charity named in Part B as my **CONTINGENT** Beneficiary

### Part B \*Total Designations must equal 100%.

Please complete the information below for each **CONTINGENT Beneficiary**. Designated shares of benefit will be "equal shares" for all Contingent Beneficiaries unless otherwise specified. **Attach an additional page if needed.**

**Child(ren) or Other Individual(s) as CONTINGENT Beneficiary** (Attach a separate page if needed)

• Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

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

• Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

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

• Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

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

**OPTIONAL: Select Per Stirpes or Per Capita to apply to Child(ren) or Other Individual(s) as CONTINGENT Beneficiary(s)**

**Per Stirpes:** A deceased beneficiary's share shall pass to his or her children  
 **Additional Per Stirpes Contingency:** If the deceased beneficiary has a surviving spouse, beneficiary's share shall pass to his or her spouse.

**Per Capita:** A deceased beneficiary's share shall be equally divided among the surviving beneficiaries.

**Trust as CONTINGENT Beneficiary** Designation: \_\_\_\_\_ %\*

When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee.

Name of Trust as it appears on the Trust Document: \_\_\_\_\_ Trust Date: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ Trustee Address: \_\_\_\_\_

Successor Trustee Name: \_\_\_\_\_ Successor Trustee Address: \_\_\_\_\_

**Charity as CONTINGENT Beneficiary** Designation: \_\_\_\_\_ %\*

Full Legal Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

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

## FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 3)

### STEP 4: SIGNATURE

Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by FCMM.

I certify that I am NOT married       I certify that I am married

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Signature (Electronic signatures NOT accepted)

Date

### STEP 5: SPOUSAL CONSENT & NOTARIZATION (if applicable)

**NOTE:** This step is only required if you are married and your spouse is not the sole Primary Beneficiary.

I, \_\_\_\_\_, consent to the beneficiary designation made by my spouse. I  
**Printed Name of Participant's Spouse**

understand with this consent that I hereby waive the payment of any survivor death benefit available to me under this Plan unless a new designation is completed and delivered to FCMM.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Notary Public: \_\_\_\_\_ Notary Public's Signature: \_\_\_\_\_

Notary Date & Seal: \_\_\_\_\_

### STEP 6: FORM SUBMITTAL

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 78<sup>th</sup> Street  
Minneapolis, MN 55420

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

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

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No. \_\_\_\_\_

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**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.
- Note a Qualified Student Loan Payment (QSLP) matching contribution arrangement with your employer.

**Return this completed form to your employer**

**STEP 1: Personal Information**

Full Legal Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

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

I am a U.S. citizen:  Yes  No (If "No", please indicate country of citizenship: \_\_\_\_\_)

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 **or** if you wish to indicate a **Qualified Student Loan Payment (QSLP)** arrangement with your employer. **By completing STEP 4 and signing this form, you authorize your employer to deduct Pre-Tax and/or Roth 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"/> <b>PRE-TAX</b> I hereby authorize my employer to deduct from my paycheck: \$ _____ OR _____ %♦ <b>PER PAY PERIOD</b> on a <b>PRE-TAX</b> 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 _____ %♦ <b>PER PAY PERIOD</b> on a <b>ROTH</b> basis up to the IRS annual deferral limit.	<input type="checkbox"/> <b>STOP</b> I hereby wish to stop the following deductions from my paycheck at this time: <input type="checkbox"/> <b>STOP ALL DEFERRALS</b> <input type="checkbox"/> <b>STOP PRE-TAX DEFERRALS</b> <input type="checkbox"/> <b>STOP ROTH DEFERRALS</b>	<input type="checkbox"/> <b>NO CHANGE</b> My salary deferral contributions will continue according to the information currently on file with FCMM.	<input type="checkbox"/> <b>QUALIFIED STUDENT LOAN PAYMENTS (QSLPs)</b> I will be making QSLPs in lieu of, or in addition to, salary deferrals, per a contribution arrangement with my employer. I will certify my payments with my employer at least annually. (Employer approval required.)
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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.

## 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 **limit on annual additions** [415(c)] is the total of employer and employee salary deferral contributions that may be made annually. *Your personal limit is capped at the lesser of the IRS stated dollar amount or your includable 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 you own.
- 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. *This limit is higher for those turning 60, 61, 62, or 63 this year.*
  - **Attention High Earners:** Effective January 2026, catch up contributions made by FICA taxed employees whose prior year's gross income exceeded \$150,000 (indexed annually) must be contributed on a Roth basis. This Roth catch-up requirement does not apply to ministers treated as SECA-paying, dual-status employees.

*For detailed 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 to other Options are limited to once in a 12-month period.

\_\_\_\_ % 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 allocation in STEP 5A will apply to ALL contribution types made to your account.

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

- Employer contributions (includes employer matching 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 (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 understand that if I make QSLPs, I must certify these payments with my employer at least annually to be eligible for a QSLP matching arrangement (QSLP arrangement must be indicated on the Employer Adoption Agreement). 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 the EMPLOYER if the employee is contributing or stopping salary deferrals, or if there is a Qualified Student Loan Payment arrangement in place, 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, *an example of reasonable is no later than the 15<sup>th</sup> 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. If **STEP 4** indicates the employee will be making **Qualified Student Loan Payments (QSLPs)**, the Employer agrees to deem the QSLPs as salary deferrals, once certified by the employee, for purposes of a matching contribution arrangement. *QSLP contribution arrangements must be included in the Employer's Adoption Agreement*. The Employer signature below acknowledges receipt and acceptance of this agreement.

**NOTE:** All checks must come from the Employer. FCMM cannot accept personal checks. Membership becomes effective upon receipt of first employer payment. Contributions are not allowed to be part of a severance package.

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](mailto:fcmm@fcmmbenefits.org) or (800)995-5357

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

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## FORM 31: INVESTMENT OPTION DESCRIPTIONS

The FCMM Retirement Plan is a 403(b)(9) church retirement income account plan, administered in accord with the tenets and polity of the Evangelical Free Church of America. Information on Fees (Form 41) and Performance of FCMM-managed funds [Options C, D, and E] (Form 40) is available at [www.fcmmbenefits.org](http://www.fcmmbenefits.org).

### INVESTMENT OPTIONS

#### **FCMM Lifetime Fund (Option C)**

This collective fund is managed by investment advisers selected and overseen by the Trustees of FCMM with an investment strategy designed to build steady, consistent long-term performance through a professionally designed asset allocation plan. The rate is determined by the Trustees of FCMM and may be positive or negative in any Plan Year. The current annual rate may be found at the FCMM website; history of rates may be reviewed in Form 40. When eligible for distributions, one may apply the full value of this fund towards a Monthly Income Benefit ("annuity"). If funds are withdrawn or transferred to other Retirement Plan investment Options, a Fair Market Value adjustment will be applied if the accrued value is greater than current market value. Because of the long-term nature of this Option, funds in Option C can be transferred to other Options only once in a 12-month period. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

#### **FCMM Managed Stock Fund (Option D)**

This fund is comprised of a diversified stock portfolio managed by investment advisors selected and overseen by the Trustees of FCMM. It is generally more aggressive in approach than Option C, with fund values reflecting market gains and losses. It offers the potential of a greater average return over the years while also carrying more risk and volatility. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

#### **FCMM Managed Bond/Income Fund (Option E)**

This fund invests in a broadly diversified bond portfolio of short, intermediate and long-term municipal, federal, foreign and high-quality corporate bonds, and other income investments. It is managed by investment advisors selected and monitored by the Trustees of FCMM. Option E can gain or lose value depending on the economic climate. For the investor who would like some portion to track with the bond market, this fund provides the opportunity to do so without requiring specific choices. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

#### **Self-Selected Mutual Funds (Options F, G & J)**

These options allow a participant to allocate contributions to mutual fund choices managed by American Funds (Option F), Vanguard Funds (Option G), and/or Biblically Responsible Funds (Option J: Timothy Plan Funds, GuideStone Funds, Eventide Funds). FCMM employs an investment adviser for complementary consultation for those investing in American Funds or Biblically Responsible Funds. Vanguard Funds are best utilized by the highly engaged investor or one who retains the service of an adviser. Timothy Plan, GuideStone, and Eventide Funds are screened to avoid investment in abortion, pornography, alcohol, tobacco, casino gambling, anti-family entertainment, and alternative lifestyles.

#### **Adjustable Rate Investment (Option H)**

This option allows participants to invest in an adjustable interest rate Investment Certificate with Christian Investors Financial ("CIF"). The rate can be adjusted by CIF the first of any month. CIF provides real estate loans to EFCA affiliated churches and ministries, so in addition to earning a competitive rate of interest and providing for capital preservation, your investment dollars in this option will also help expand EFCA ministries. Prospective Investors should refer to CIF's 403(b) Offering Circular and Interest Rate Sheet at <https://christianinvestors.org/403b> for risk factors and other information needed to make an informed investment decision. Once you have accessed the link, select your state of residence from the drop-down list and click "NEXT STEP". You will then be brought to a page where you can download the circular and the interest rate sheet.

*Eligible clergy participants may benefit from the "housing allowance" tax benefit on retirement benefits paid from any of the above investment fund selections.*

## FORM 31: INVESTMENT OPTION DESCRIPTIONS PAGE 2

### CONTRIBUTION TYPES

#### Employer Contributions

Employer contributions are considered “tax deferred” by the IRS and thus do not appear on an employee’s Form W-2. Such contributions become subject to taxes when an individual begins to draw on his or her Plan account at retirement, unless eligible for exclusion as “housing allowance.” A participant can choose to have these funds deposited into any of the Options and in whichever percentage breakdown he or she chooses.

Employer contributions can be invested in all available investment options.

#### Employee Contributions

All participants in the Plan are allowed to defer a portion of their salaries. This is done through a Salary Deferral Arrangement whereby a certain amount is withheld from one’s salary and sent on by the employer to FCMM. This money can be treated as tax deferred or Roth. Clergy do not have to pay either income or social security taxes (SECA) on a tax deferred contribution amount and can receive distributions from the Plan designated as “housing allowances” in retirement. Lay staff participants do not have to pay income taxes on tax deferred salary deferrals now. Such amounts will be taxed when distributed from the Plan. Lay staff does pay FICA taxes on these funds.

Employees may designate all or a portion of their salary deferral contributions as Roth contributions. Roth contributions are taxed when deferred to the Plan but such amounts and earnings thereon are distributed tax-free if the distribution request occurs at least 5 calendar years after the initial Roth contribution was made and the participant is age 59 ½ or older.

Employee contributions can be invested in all available investment Options.

*IRS Contribution Limits apply. Please the FCMM website for more information.*

### RETIREMENT BENEFIT OPTIONS

The Retirement Plan offers several methods for the participant to receive accumulated funds. They include in-plan Monthly Income Benefit (“annuity”), recurring monthly cash withdrawals, one-time or occasional cash withdrawals, and cash withdrawals to meet IRS Required Minimum Distributions. See Form 36 Monthly Income Benefit Description at [www.fcmmbenefits.org](http://www.fcmmbenefits.org) for more information.

**FORM 12 – THIRD PARTY DISCLOSURE AUTHORIZATION**

Use this form to authorize FCMM to discuss your account with a third party OR to stop an authorization.

**Participant Information**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_ or Taxpayer Identification Number (TIN): \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Third-Party Information**

I, the undersigned, hereby **AUTHORIZE** the FCMM Retirement Plan to disclose and discuss my account information including, but not limited to, its value and the investment & benefits options available to me with the following person:

Name of Third Party: \_\_\_\_\_

Relationship\*:

- Spouse
- Financial Counsel (Include name of company/firm): \_\_\_\_\_
- Power of Attorney (Attach POA documentation)
- Other (Please specify): \_\_\_\_\_

Authorization **START** Date: \_\_\_\_\_ Authorization **END** Date: \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

***This authorization will remain in force during the dates specified above or until revoked or modified by me through written request to the Trustees of FCMM.***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*FCMM may require the third party to verify your identifying information before disclosing account information.

I, the undersigned, hereby **CANCEL AUTHORIZATION** for the FCMM Retirement Plan to disclose or discuss account information with the following person:

Name of Third Party: \_\_\_\_\_

Authorization End Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Submittal**

*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 E 78<sup>th</sup> Street Minneapolis, MN 55420

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

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

FCMM USE ONLY

No.

Verified

Processed

## FCMM Privacy Notice

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FCMM Benefits & Retirement (FCMM) offers multiple benefit programs serving employers and their employees. FCMM collects data from you and/or your employer that is needed to establish enrollment, administer your account(s), follow legal requirements, and prepare for your or your beneficiary's future benefits within a given program. This notice describes FCMM's policies for collecting your data and how we keep it secure.

### What information does FCMM collect?

The data we collect varies depending upon the benefit program(s) in which you participate and may include:

- Name, date of birth, social security number or other tax identification number, citizenship status, marital status, address, phone, email
- Employment status, compensation, payroll data, hire date, housing allowance eligibility
- Investment selections, contribution amounts, tax status of contributions, deferral elections
- Account transactions including asset transfers, rollovers, distributions, benefit requests and claims
- Information and verifications related to processing of benefits or other participant requests such as: Beneficiary information, bank account details, statements for other retirement accounts
- Verifications related to changes in personal status or contact information such as: contact information, housing allowance eligibility, employment status, marital status – including divorce and death of spouse, disability status, name changes, and the effective dates of any of these changes.
- Communication between you (or a person you have authorized to speak on your behalf) and FCMM –Including email, phone, mail, and in person communications.
- Website activity: Some of the features accessed via our website may direct the information you provide to a third-party service provider in order to utilize the respective feature. Google Analytics is used to collect information about the effectiveness of our website and may include: the time of visit, pages visited, and time spent on website; referring site details; type of web browser and operating system; flash version, JavaScript support, screen resolution, and screen color processing ability; network location and IP address.

### Why does FCMM collect this data?

FCMM is considered the Controller of the data we collect. We collect personal information about you to conduct our business, check your identity and comply with laws.

Processing this data is necessary for the purposes of the legitimate interests by FCMM and our third-party service providers. Having this data allows us to answer questions needed to determine your benefits or take certain actions on your behalf. FCMM must have this information to comply with the provisions of the program documents and legal regulations in order to correctly satisfy the terms of our relationship with you.

When processing *special category data*, such as notices of ill health, FCMM may request *explicit consent* from the participant, or when needed, from a third-party that has been pre-authorized by the participant to act on their behalf.

If you have submitted personal information about another person (ex: spouse), FCMM will process this data based on the assumption that you obtained their consent for us to do so prior to providing FCMM with their personal information.

What does FCMM do with your data?

Your information may be collected and processed at different times, such as when enrolling in one of our programs, when your data changes, or to administer the operations related to your account. FCMM limits the sharing of information with others and does not sell your information to third-parties.

As the Benefits Board of the Evangelical Free Church of America (EFCA), FCMM has an arrangement with the EFCA to utilize their secure database for establishing accounts and maintaining account data. We also partner with third-parties as necessary to administer your account and/or provide benefits within our different programs. The information shared with these entities is limited to what is necessary to process requests, provide benefits, maintain your account, or to provide access to program features. We require organizations with which we share your information to have privacy standards in place and to use your information only for the limited purpose for which it was shared.

How do you request a correction to your data?

Our goal is to keep participant and employer information accurate and up-to-date. You can access certain information that we collect and maintain by contacting us. You may correct factual errors in your information by calling or sending us a request substantiating the error and offering a proposed correction. To protect your privacy and security, we will take reasonable steps to verify your identity before making corrections.

How long does FCMM keep your data?

FCMM is required by law to keep our books and records available for review by the IRS, this includes participant data. Your information will be kept on file for audit purposes for at least as long as regulatory requirements dictate. Our data retention requirements don't expire upon cancellation or revocation of your account. FCMM must keep participant records on file until all benefits of your account have been paid out AND enough time has passed that FCMM will not be audited on those records. Generally, this means keeping your records for six years after the year your account is terminated.

How does FCMM keep your data secure?

To help prevent unauthorized access, maintain data accuracy, and facilitate the correct use of information, we have put in place physical, electronic, and administrative procedures to safeguard your information. Only authorized employees and representatives are permitted to see and use your information. Those who use your information are required to follow established standards, procedures, and laws. Processed data is stored and maintained electronically within secure databases and/or secure files. Any physical copies of documents related to your account are stored in locked files within the FCMM office.

FCMM is committed to transferring your sensitive data via secure means. FCMM utilizes secure uploads to our third-party service providers. For correspondence from FCMM to our participants, we send communication through fax or a secure file exchange system. FCMM encourages participants to use these same methods when sending us data electronically.