

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

☐ ☐ 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

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, credentialed 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.

