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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)♦.....1

This form contains required personal information. On it, the employer specifies the employee class to which you belong. An employer or church official’s signature is required on this form.

Participant Beneficiary Designation (Form 02).....3

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.

Investment Selection Form (Form 03)*5

This form indicates where contributions made on your behalf will be invested. On this form, 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 on this form.

♦Non-US citizens must also complete Form 01F as part of the application process. Email FCMM to request Form 01F.

*Additional forms may be needed based on investment selection(s).

Resources

Investment Option Descriptions (Form 31).....8

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.

Optional Forms

Third Party Disclosure Authorization.....9

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.

Have other retirement plans to move?

FCMM is able to accept funds from your other plans via a direct rollover, transfer, or exchange.

The form is available on our website at www.fcmmbenefits.org/documents.

- **FORM 08 – Transfer/Exchange/Rollover to FCMM 403(b)**

This form is used to initiate the movement of funds from a 403(b), 401(k), 457(b), pension plan, or IRA. A Signature Guarantor Stamp, usually available from a local bank, may be required on this form.

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's Social Security Number : _____

Full Legal Name of Participant: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Phone Numbers: _____
Primary Alternate

Email Address: _____

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: _____
First Middle (if known) Last

- Relationship*: Spouse
 Financial Counsel: Company: _____
 Power of Attorney (Attach POA documentation)
 Other (Please specify): _____

AUTHORIZATION START Date: _____ **Authorization End** Date: _____

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's Signature: _____ **Date:** _____

*FCMM may require 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: _____
First Middle (if known) Last

Authorization End Date: _____

Participant's Signature: _____ **Date:** _____

Please submit this completed form to FCMM by mail, secure file exchange, or fax.

Mail:
 FCMM Benefits & Retirement
 901 East 78th
 Street, Minneapolis, MN 55420

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

Fax:
 (952)853-8474

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A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

For FCMM Office use only

Account #: _____ Received Date: _____ Recorded by: _____ Date: _____