

Contract for Participation

CHRISTIAN CHURCHES PENSION PLAN

PO Box 29249 - Indianapolis IN 46229

effective July 2023

New Enrollment Re-Enrollment Transfer Additional 2nd Unit
Additional 3rd Unit Additional Units Recent Graduate

TO THE BOARD OF GOVERNORS: We wish to enroll as a member under the Christian Churches Pension Plan the hereinafter designated person who is an employee and has not attained the age of 64.

PROPOSED MEMBER (please print or type)

Name _____ Date of Birth _____ Sex _____
Last First Initial
Address _____ Social Security Number _____
Street
City _____ Signature
State Zip Code
Position _____

In case of death of plan participant, payment of benefit(s) due are to be made to:

Name _____ Social Security Number _____
Last First Initial
Address _____ Relationship _____
City State Zip

The undersigned agree(s) to abide by the rules and regulations adopted by the Board of Governors in carrying out the Pension Plan and to make the current annual contribution of \$750 to the Pension Plan. It is the understanding that this contribution may be made annually, in 4 equal quarterly payments of \$200 (including the \$50 annual service charge), or in 12 equal monthly payments of \$62.50 by Automated Clearing House direct deposit. Approval for monthly payments requires an additional form authorizing the Christian Churches Pension Plan to collect this contribution through direct debit initiated by the Pension Plan. Such authority remains in effect until the Christian Churches Pension Plan has received written notification of termination in such time and manner as to afford the Plan and its Bank a reasonable opportunity to act upon it.

NOTE! This application is for a one year period, regardless of the payment schedule selected and automatically renews itself unless cancelled at the end of any yearly period.

We elect to make this contribution annually quarterly by monthly ACH draft

Our check for \$ _____ is herewith attached.

To be completed by Church/Organization

Name of Congregation/Institution/Organization

Address City State Zip Date

Authorized Signature Position

Print Name of Authorized Signer

Date Accepted

CHRISTIAN CHURCHES PENSION PLAN

CEO/Administrator