

## Contract for Participation

Effective January 2024

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.

\_\_\_\_\_ **New Enrollment for \_\_\_\_\_ unit(s)**

\_\_\_\_\_ **Current Participant for Additional \_\_\_\_\_ unit(s)** (Do not need to fill out blue section unless changing)

### PROPOSED MEMBER (Please print or type):

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position \_\_\_\_\_  
 Proposed Member Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

### BENEFICIARY: In case of death of plan participant, payment of benefits due are to be made to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle  
 Address \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The undersigned agrees to abide by the rules and regulations adopted by the Board of Governors in carrying out the Pension Plan and to contribute to this Pension Plan:

- \_\_\_\_\_ Annually \$750 per unit (check or ACH).
- \_\_\_\_\_ Quarterly \$200 per unit by check (\$800 per year) or \$190 per unit via ACH (\$760 per year).
- \_\_\_\_\_ Monthly \$65 per unit (\$780 per year, ACH required for Monthly option).

ACH direct debit requires an additional authorization form.

Note: This application renews annually until the CCPP receives written notification of termination.

\_\_\_\_\_ **Our check for \$\_\_\_\_\_ is attached along with this contract.**

\_\_\_\_\_ **Our ACH Agreement is attached along with this contract.**

### AUTHORIZATION:

Name of Congregation/Institution/Organization _____		Printed Name of Authorized Signer _____
Address _____	City, State, Zip _____	Position of Authorized Signer _____
Authorized Signature _____		Date Signed ____/____/____

For Office Use Only: \_\_\_\_\_  
Date Accepted CEO/Administrator