



Contract for Participation

Effective June 2025

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 60.

_____ **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 or ePayment required for Monthly option).
 _____ ePayment annually or monthly. We email you an invoice and link to pay online. Please indicate email address to send link: _____

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