

SALARY INFORMATION

Cash salary on an annualized basis \$	If parsonage is provided, indicate its annual rental value (for Clergy only) \$	OR	Amount of annual housing allowance, if provided in lieu of parsonage (for Clergy only) \$
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PENSION CONTRIBUTIONS

Please select one option of the following Pre-tax, After-tax or Designated Roth Account (DRA) to make your employee contributions.

Date pension contributions will begin	Percent of salary basis contributed by your employer (pre-tax dollars)	Percentage of employee Pre-Tax contributions	Percentage of employee After-Tax contributions	Percentage of DRA contributed from After-Tax dollars	Total	Dollar amount of annual pension contributions
/ /	%	%	%	%	%	\$ (Total percentage times salary basis)

EMPLOYER AGREEMENT

It is my present intention and that of my employer to make the following pension contributions payments to the Brewster Annuity Plan.

By signing this form, the Employer by its duly authorized officer or other representative hereby agrees to the provisions, rules and procedures with respect to eligibility and contributions as indicated on this application, and in alignment with the Employer Adoption Agreement.

Name of employer	Telephone number of contact person (with area code) () -
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Address (number and street)	City/State/ZIP
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Official signature	Title	Date / /20
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ALLOCATION OF PENSION DUES

I elect to have my future pension dues allocated as indicated below.

Employer contributions	Employee Pre-Tax and After-Tax contributions
Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:	Using 5% increments, please indicate the portion of your required pension contributions that you wish to allocate to each Fund:
To the Target Annuity Date Fund 2020 _____%	To the Target Annuity Date Fund 2020 _____%
To the Target Annuity Date Fund 2025 _____%	To the Target Annuity Date Fund 2025 _____%
To the Target Annuity Date Fund 2030 _____%	To the Target Annuity Date Fund 2030 _____%
To the Target Annuity Date Fund 2035 _____%	To the Target Annuity Date Fund 2035 _____%
To the Target Annuity Date Fund 2040 _____%	To the Target Annuity Date Fund 2040 _____%
To the Balanced Fund _____%	To the Balanced Fund _____%
To the Bond Fund _____%	To the Bond Fund _____%
To the Equity Fund _____%	To the Equity Fund _____%
To the Stable Value Fund _____%	To the Stable Value Fund _____%
To the Global Sustainability Index Fund _____%	To the Global Sustainability Index Fund _____%
TOTAL (must equal 100%) _____%	TOTAL (must equal 100%) _____%

Indicate both employer and employee contributions. You may change your election at any time by completing a **Brewster Place Annuity Plan Allocation of Future Contributions and Fund Reallocation Form**. Reallocation requests received no later than 1:00 p.m. (Eastern) on the last business day of the month will be effective on the first of the month following the Pension Boards' receipt of your form.

NOTE: If no election is made, contributions will be invested in the Balanced Fund.

BENEFICIARY INFORMATION

Primary Beneficiary(ies): I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.

If you designate a minor as beneficiary, generally a probate court would have to appoint a guardian to receive and administer the death benefits to the minor. Do not write the name of a guardian on this form. You may want to consider the option of providing for a minor by naming a trust established in your will (a "testamentary trust") for the benefit of that minor as your beneficiary.

Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship

Additional Primary Beneficiary(ies)
 Check box if applicable and list information on a separate sheet of paper and attach to this form.

Secondary Beneficiary(ies): I hereby designate the following as Secondary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits when all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated.

Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship
Name <i>(last, first, middle initial)</i>	Address <i>(number and street)</i> and City/State/Zip	Date of birth / /
Social Security Number	Percentage share %	Relationship

Additional Secondary Beneficiary(ies)
 Check box if applicable and list information on a separate sheet of paper and attach to this form.

SIGNATURE AND DATE

The undersigned Member (as defined in the Annuity Plan document), acknowledge that I and my Beneficiary shall, at all times, be subject to the terms and conditions of the Annuity Plan document (available at www.pbucc.org), as the same may be amended, modified or supplemented from time to time in the sole discretion of The Pension Boards–United Church of Christ, Inc.

Signature of employee	Date / /20
Signature of witness (<i>not a beneficiary</i>)	Date / /20

SPOUSAL CONSENT

Spousal consent is required if the applicant is married and has not designated her or his spouse as the sole beneficiary.

Spouse's consent: I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse's signature	Date / /20
Signature and stamp of notary public	Date / /20

Application Checklist

To avoid delay in processing your application, be certain to:

- Review your application.
- Attach any additional primary/secondary beneficiary(ies).
- Attach a copy of your birth certificate. If you cannot supply a copy of a birth certificate, attach a copy of a passport or driver's license.
- Obtain the signature of your spouse (if applicable).
- Obtain notary's signature and stamp.
- Obtain the signature of your official employer representative.
- Sign the application above and have your signature witnessed by someone other than a beneficiary.