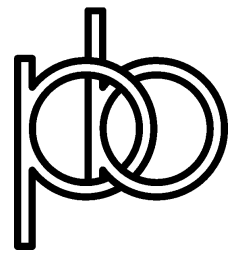


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**Retirement Savings Account (RSA)  
Enrollment Application**

**INSTRUCTIONS**

**Note:** This application communicates your desire to establish an Annuity Plan Retirement Savings Account (RSA) for annuitized members, with your choice of beneficiary(ies) of amounts held in the Annuity Plan RSA. You are 100% vested in the funds within the RSA. Deposits to your RSA account will not be available for withdrawal until 30 days following the receipt of the deposit.

**PERSONAL INFORMATION**

Social Security number	Name (last, first, middle initial)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Date of birth (month/day/year) / /
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Address (number and street)	City/State/ZIP
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Telephone number (with area code) ( ) -	E-mail address @
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**FUND ALLOCATION DIRECTIONS**

**Allocate Accumulation balances using 5% increments. Fund percentages must total 100%.**

Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TOTAL
_____ %	_____ %	_____ %	_____ %	_____ %	_____ % (Fund percentages must total 100%)
TAD Fund 2020	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	
_____ %	_____ %	_____ %	_____ %	_____ %	

**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 (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /
Social Security number	Percentage share _____ %	Relationship

Name (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /
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. Total proportion of designations must total 100%.

Name ( <i>last, first, middle initial</i> )	Address ( <i>number and street</i> ) and City/State/ZIP	Date of birth ( <i>month/day/year</i> ) / /
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 ( <i>month/day/year</i> ) / /
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 the form.

**CONSENT OF MEMBER'S SPOUSE**

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

I hereby consent to the above-named beneficiary(ies), as designated by my spouse.

Spouse's signature	Date
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Signature and stamp of Notary Public	Date
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**SIGNATURE**

Signature of person entitled to designate a beneficiary	Date
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Signature of witness (not a beneficiary)	Date
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