

CHRISTIAN CHURCHES PENSION PLAN

P.O. Box 12308 • Kansas City, KS 66112

Effective January 2010

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 Pension Program the hereinafter designated person who is an employee within the fellowship and has not attained the age of 64.

PROPOSED MEMBER: *(please print or type)*

TO BE COMPLETED BY MEMBER Birth

Name _____
Last, First Initial

Date _____ Sex _____

Address _____
Street

Month Day Year
Social Security Number _____

City _____
State, Zip, Code

The above information certified correct.

By _____
Signature of Member

Position _____

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

Name _____
Last, First Initial

Social Security Number _____

Address _____
City State Zip Code

Relationship _____

The undersigned agree(s) to abide by the rules and regulations adopted by the Governors in carrying out the Pension Program and to make the current annual contribution of \$750 to the Pension Trust Fund. It is the understanding that this contribution may be made in one payment or in four equal quarterly payments of \$200 each which includes a 6.67% service charge (\$50 annually).period, regardless of the payment

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

To be completed by Church or Organization

Name of Applicant CONGREGATION or Affiliated INSTITUTION

Our check for \$ _____ is
herewith attached.

Address _____
City, State, Zip Code

Date Accepted: _____

Date _____

CHRISTIAN CHURCHES PENSION PLAN

By _____

Authorized Signature Title

Administrator

Please print or type name on this line.