-- Contract for Participation -- Detach & Mail --

CHRISTIAN CHURCHES PENSION PLAN

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

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)*

Name_____
Last First Initial

Address_____
Street

City_____
State Zip Code

P o s i t i o n _ _ _ _ _ _ _ _ _ _ _ _ _

TO BE COMPLETED BY MEMBER

Birth Date_____ Sex_____
Month Day Year

Social Security Number

The above information certified correct.

By_____
Signature of Member

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

Name_____
Last First Initial

Address_____
City State Zip Code

Social Security Number

_____

*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 $600 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 $159 each which includes a 6% service charge ($36

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

Our check for $_____ is herewith attached.

Date Accepted: _____

CHRISTIAN CHURCHES PENSION PLAN

_____
Administrator

To be completed by Church or Organization

_____
Name of Applicant CONGREGATION or Affiliated INSTITUTION

Address_____

_____
City State Zip Code

Date_____

By_____
Authorized Signature Title

_____
Please print or type name on this line.