

A-1

Personal Information*

PLEASE PRINT OR TYPE

Title	First Name*	M.I.	Last Name*	
Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (mm/dd/yyyy)*		Social Security Number (111-11-1111)*	
Home Address*		Town/City*		State* Zip Code*
Home Phone*	Cell Phone	Email Address*		
For Clergy: Please indicate ministerial status: <input type="radio"/> Ordained <input type="radio"/> Commissioned <input type="radio"/> Licensed				
For Clergy: Is your employer eligible to designate a portion of your compensation as housing allowance or rental value of parsonage, plus utilities, which would not be reported as taxable income? <input type="radio"/> Yes <input type="radio"/> No				
Ordination Status Granted By		Years employed in church or church related ministry: * _____ (years) _____ (months)		

Dependent Information (if applicable)

Spouse's Full Legal Name First/Middle/Last	Social Security No. (111-11-1111)	Date of Birth (mm/dd/yyyy)
Name of Child Under 18	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (mm/dd/yyyy)
Name of Child Under 18	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (mm/dd/yyyy)
Name of Child Under 18	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (mm/dd/yyyy)
Name of Child Under 18	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (mm/dd/yyyy)

Plan Enrollment

Please indicate below which Plan(s) this Application applies to. The Employer will need to confirm eligibility for the Plan(s) listed and complete the relevant contribution information for the Employer Plan(s), as applicable. In order for an employee to be eligible for any of the Plans listed below, the Employer must have agreed, in accordance with MMBB's rules and procedures, to be a Participating Employer of such Plan.

EMPLOYER PLANS

- A. **Comprehensive Plan** (also known as the Retirement Plan)
 Unless otherwise changed in writing, the employer, in accordance with MMBB's policies and procedures and subject to the terms of the Retirement Plan: will contribute _____% of the employee's applicable annual compensation (as defined under the Retirement Plan)
- B. **Retirement Only Plan** (also known as the Tax Deferred Annuity Plan (TDA))
 Unless otherwise changed in writing, the employer, in accordance with MMBB's policies and procedures and subject to the terms of the Tax Deferred Annuity Plan:
- will contribute \$_____ per month
 - OR**
 - will contribute _____% of the employee's applicable annual compensation (as defined under the Tax Deferred Annuity Plan)
 - OR**
 - will make periodic contributions

EMPLOYEE PLAN

- C. **Member Contribution Plan** (also known as The Annuity Supplement (TAS))
 Unless otherwise changed in writing, the member, in accordance with MMBB's policies and procedures and subject to the terms of The Annuity Supplement including the completion of a Salary Reduction Agreement, makes the following election. **Form A-13a must be completed prior to the election being valid.**
- will contribute a specific dollar amount per pay period
 - OR**
 - will contribute a specified percentage of total annual compensation per pay period

*required field or section

Employment Information

Church or Organization		Billing Contact Name	
Billing Contact Phone		Billing Contact Email Address	
Address	City	State	Zip Code
Employment Start Date (mm/dd/yyyy)	Position	Denomination/Affiliation	

Compensation Information (To be completed by the employer. Please round to the nearest dollar.)

A. Annual cash salary (include certain amounts withheld on a pre-tax basis as provided in the plan(s), such as amounts withheld for TAS and Flexible Spending Accounts)\$ _____ per year

B. Housing (either 1 or 2)

1. Parsonage (include parsonage rental value and any Allowance) \$ _____ per year

OR

2. Housing allowance \$ _____ per year

Total Housing (either 1 or 2)\$ _____ per year

C. Social Security/Medicare tax offset\$ _____ per year

- Yes, it should be included in the premium calculation
 No, it should not be included in the premium calculation

D. Total annual compensation*\$ _____ TOTAL

* Does not include Comprehensive Plan premiums or Retirement Only contribution, medical premiums, or ministry-related expenses such as car expenses, continuing education, convention expenses, books, periodicals, etc.

Agreement

I understand that payment of an initial premium with respect to each applicable MMBB retirement plan is required before I can become a member of that particular plan (unless otherwise required by law) and that my application for participating in any MMBB plan is subject to the approval of MMBB. I understand that my eligibility for membership in an MMBB retirement plan is governed by and subject to the terms of said plan(s) for which I apply and MMBB's rules and procedures and/or policies with respect thereto. I agree to adhere to the provisions and any amendments of said plans for which I apply and any rules, procedures and/or policies with respect thereto.

I understand an indication of eligibility for enrollment in a particular plan or plans is not a promise of continued participation, as participation always is subject to MMBB's rules, policies and procedures and applicable law, as well as the Employer's status as a Participating Employer. Furthermore, the indicated contribution for an Employer Plan is not a promise that the level of contribution indicated will continue, as it also remains subject to MMBB's rules, policies and procedures and applicable law and the Employer's determination.

I understand that my ability to take distributions from any MMBB retirement plan may be limited by plan provisions, MMBB rules, policies and/or procedures and applicable law.

I agree to update any personal information, dependent information and employment information as applicable with MMBB as soon as possible after a change occurs.

Signature of employee*	Date (mm/dd/yyyy)*
Signature of employer representative*	Date (mm/dd/yyyy)*

The Retirement Plan, Tax Deferred Annuity Plan and The Annuity Supplement (the Plans) are retirement programs maintained by The Ministers and Missionaries Benefit Board (MMBB). The Plan and/or any account maintained by MMBB to manage or hold assets of the Plan, and any interest in such Plan or accounts (including any funds maintained by MMBB) are not subject to registration, regulation, or reporting provisions of the Investment Company Act of 1940, the Securities Act of 1933, the Securities Act of 1934, Title 15 of the United States Code, or state securities laws. Therefore, participants and beneficiaries under the Plan will not be afforded the protections of those provisions. MMBB reserves the right to amend, modify or terminate the Plans at any time.

Please return this completed form to:

MMBB Financial Services

475 Riverside Drive, Suite 1700 New York, NY 10115-0049
 Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org

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