



Enrollment Application

I hereby apply to the committee of the Converge Retirement Plan for membership in the Plan.

I understand that if payment of annual contributions is made by the church or organization I serve in, an amount equal to the specified percentage of my annual salary, as determined by the provisions of the Retirement Plan and operating policies as defined by the Plan Committee, I shall continue as an active member in The Retirement Plan, provided my services for which my annual salary is received are those which are ordinarily performed by an employee of a Converge church or district conference office, and provided such annual salary is received from a church or other organization fully cooperating with, or otherwise appropriately related to, Converge. I further understand that contributions, assuming my continuing eligibility for active membership, are payable until my retirement.

I will notify the administrator of the Retirement Plan when the amount of my annual salary changes so that the annual contribution then payable for the ensuing year may be determined. (Notification may be by correction to contribution billing.)

I am an employee of a Converge ministry, and I'm paid for at least 1,000 hours per year.

Full Name _____ Social Security # _____

Address _____

City _____ State _____ Zip code _____

Primary Phone _____ Work Email _____

Personal Email _____

Birthdate* _____ Citizenship* _____

Are you an ordained/licensed minister or commissioned missionary?

Yes No Date _____

Present Church _____

Position _____

Address _____

City _____ State _____ Zip code _____

Marital Status _____ Spouse's Name _____

Spouse's Social Security # _____ Spouse's Birthdate* _____

Annual contribution

Annual contribution shall be equal to the specified amount of the total of annual cash salary (plus allowance for housing, utilities, etc. for pastors and missionaries only) as indicated below.

Present Annual Cash Salary \$ _____
Additional Housing Allowance \$ _____
Total Compensation \$ _____

Annual Contribution

Defined Benefit (Pension) Plan
6% of Total Compensation \$ _____

Defined Contribution

Supplemental Plan _____ % or \$ _____ from employer
Voluntary Contribution* \$ _____ from participant

***Please include Salary Reduction Agreement Form**

Total Annual Contribution \$ _____ Check Payment Option Below.
 Annually
 Semi-Annually (1% Installment Fee)
 Quarterly (2% Installment Fee)

Contract starting date, 1st of _____ 20 _____

***Please attach confirmation of birthdate for you and your spouse by providing a photocopy of one of the following: driver's license, passport, or birth certificate.**

Notice

Contributions are payable annually in advance. After the initial payment, it will be in arrears if not paid within 30 days thereafter. By arrangement, contributions may be paid in semiannual or quarterly installments by the addition of an installment charge on the amount contributed to the Defined Benefit Plan.

Signature of Applicant _____ Date _____