



11002 Lake Hart Dr  
 Mail Code 200  
 Orlando, FL 32832  
 800 323 4215  
[converge.org](http://converge.org)

## Enrollment Application

I hereby apply for enrollment in the Converge Retirement Plan.

I understand that if payment of 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 Plans and operating policies as defined by the Plan Committee, I shall continue as an active member of The Plans, provided my services for which my annual salary is received are those which are ordinarily performed as 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 am an employee of a Converge ministry and am 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 \_\_\_\_\_  
 Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_ Spouse's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you an ordained/licensed minister or commissioned missionary?

Yes  Date of ordination/licensing: \_\_\_\_\_ No

## Participant Defined Contribution Plan Contribution Election

**I elect to participate in the Defined Contribution (Supplemental) Plan. I wish to contribute the following amounts deducted from my paycheck beginning \_\_\_\_/\_\_\_\_/\_\_\_\_.**

- Tax-sheltered \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Tax-paid\* \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Roth elective deferrals\* \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Rollover — I have other retirement assets I would like to consider rolling over to the Defined Contribution Plan.

\* If you wish to make tax-paid or Roth contributions, please see your employer for availability and additional information.

I elect that Contributions to the Defined Contribution Plan will be invested in the GuideStone Funds MyDestination Fund® that most closely corresponds to the year in which I will turn age 65. **You may change your investment allocation election at any time without penalty** through your MyGuideStone online account or by contacting GuideStone's customer solutions at **1-888-98GUIDE** (1-888-984-8433).



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### PARTICIPANT SIGNATURE

Provide your completed and signed form to your church's retirement plan administrator.

I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan. I understand elective deferrals are irrevocable once the employer withholds the deferrals from my paycheck. I further understand that written notice must be given before the effective date of any modification. This election will remain in effect until I revoke it in writing or until I complete a new *Retirement Contribution Agreement*.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### This portion to be completed by the Church Administrator:

Member hire date: \_\_\_\_\_ Contract starting date, 1<sup>st</sup> day of \_\_\_\_\_ 20\_\_\_\_

### Participant Defined Benefit Plan Contribution

#### Total Monthly Compensation

Each monthly contribution shall be equal to the specified amount of the total of monthly cash salary (plus allowance for housing, utilities, etc. for pastors and missionaries only) as indicated below. If the salary changes, you must adjust the monthly contributions to reflect 6% of the Total Monthly Compensation.

Monthly Cash Salary	\$ _____
Monthly Allowance (housing)	\$ _____
Total Monthly Compensation	\$ _____

#### Defined Benefit Plan Contribution (6% of Total Monthly Compensation)

\$ \_\_\_\_\_ monthly

#### Defined Contribution (Supplemental) Plan, if applicable

\_\_\_\_\_ % or \$ \_\_\_\_\_ from employer

\_\_\_\_\_ % or \$ \_\_\_\_\_ from participant

**Please give this form to your church administrator and retain a copy for your records.**