



Reactivation Form

I hereby apply to the Committee of the Converge Retirement Plan for reactivation of my participation in The Plans. I will notify the administrator of The Plans annually on or prior to each anniversary date of my certificate of participation of the amount of annual salary so that the annual contribution then payable for the ensuing year may be determined. (Notification may be by correction to contribution billing.) I have a current Converge Retirement Plan account and my church has agreed to participate in the plan on my behalf.

Participant Name	Account Number	*DOB
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Address	City	State	ZIP
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Primary Phone	Email	Citizenship
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Present Church or Organization	Position
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Address	City	State	ZIP
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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 \$ _____

Housing Allowance \$ _____

Total Compensation \$ _____

 Annual Contribution:

Defined Benefit (Pension)
 Plan 6% \$ _____

Defined Contribution
 (Supplemental) Plan _____ % or \$ _____

Voluntary Contribution \$ _____

Total Annual Contribution \$ _____

Payable in 1 2 or 4 installments

Contract starting date, 1st of _____, 20____

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
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