

APPLICATION FOR PARTICIPATION

FOR OFFICE USE ONLY

Date Received _____

Account # _____

PERSONAL INFORMATION *(Please Print)*

U.S. Citizen: Yes No Are you?: Ordained Missionary

Marital Status: Married Single/Widow(er)/Divorcee Separated

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Work _____ Home _____

Soc. Sec. No.: _____ Sex: M F E-mail Address: _____

EMPLOYER

Employer's Name: _____ Position: _____

City: _____ State: _____ Zip: _____

Church Treasurer/Payroll Administrator Name: _____ Email: _____

BENEFICIARIES

Primary Beneficiary

I designate the following as my primary beneficiary: *(Must be spouse if married unless waiver filed):*

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

(If address is same as applicant, write "same")

Social Security Number: _____ Relationship: _____

If unmarried and would like to designate an additional primary beneficiary(ies), please provide their information below and indicate the percentage for each primary beneficiary.

Contingent Beneficiary

I designate the following as my contingent beneficiary(ies). *(In the event the primary beneficiary is deceased, the contingent beneficiary(ies) will receive the funds in the account).*

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

(If address is same as applicant, write "same")

Social Security Number: _____ Relationship: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

(If address is same as applicant, write "same")

Social Security Number: _____ Relationship: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

(If address is same as applicant, write "same")

Social Security Number: _____ Relationship: _____

(For additional beneficiaries, please attach a paper with full name, address, social security number and relationship)

CONTINUED ON BACK

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TERM LIFE INSURANCE

Group term life insurance is available through Guardian Insurance Company for enrollees who are under 65 years of age. The Basic Term Life Coverage is \$25,000 (for as long as you are employed with FWB). The monthly premium of \$16.50 is deducted from the contributions to your retirement account. For more information regarding this Group Term Life Insurance, please go to our website at www.boardofretirement.com.

- Yes, I want this Group Term Life Insurance coverage. Please fill out the Life Insurance application included in this packet.
- No, I do not want this Group Term Life Insurance coverage.

INVESTMENT SELECTION

You may invest in one or all investment options. Please indicate the percentage that you want invested in each strategy (must total 100%). If no choice is made, all funds will remain in the Default strategy. Your investment allocation can be changed monthly (transfers are based on prior month's ending balance) and will take effect the following month.

Investment Options (See Prospectus for description of Strategies)	Contribution Percentage
The Conservative Strategy	_____ %
The Moderate Strategy	_____ %
The Default Strategy	_____ %
The Maximum Strategy	_____ %
The Discipline Value Strategy	_____ %
Total	_____ %

CERTIFICATION

I am a salaried employee of a Free Will Baptist church or agency for at least 20 hours per week. I request that the Board of Retirement invest my accumulations/contributions based upon my investment choices above. I have reviewed the information provided by the Board of Retirement and I make this selection based upon my own investment judgment. I also realize that past results are not a guarantee of future performance. If I need additional information, I know that I can contact the Board of Retirement.

Signature: _____ Date: _____

REFERRAL

How did you hear about us? _____

The retirement account provided by the Board of Retirement & Insurance is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency.



FREE WILL BAPTIST BOARD OF RETIREMENT
P.O. Box 5002 • Antioch, TN 37011-5002 • 615.731.6812 • 877.767.7738
www.boardofretirement.com