



19 East 34th Street
New York, NY 10016
(800) 223-6602
www.cpg.org

The Episcopal Church Lay Employees' Defined Contribution Retirement Plan Employee Application for Membership Instructions

Please complete the attached Employee Application and return it to your employer. Completing this form accurately helps to ensure that funds will be properly allocated to your retirement account. By signing this document, you agree to allow The Church Pension Fund, Fidelity, any other vendor with whom you have a 403(b) account, and your employer to share information with respect to your account in order to ensure proper administration of the Plan in accordance with applicable laws.

After your application has been processed, you will receive "Your Guide to Getting Started." Should your personal information change, please notify The Church Pension Fund as soon as possible. A Participant Change Form can be downloaded from The Church Pension Fund website at www.cpg.org/laydcenroll.

Section I

Employer name: Full name of your employer.
Employer address: Full address of your employer, including ZIP code.

Section II

Employee name: Your full name.
Social Security number: Your Social Security number must be provided in order to have your application processed. Your Social Security number will be used as your account identification number.
Employee address: Your full mailing address, including ZIP code.
Phone numbers: Your business and home telephone numbers, including area code.
E-mail address: Your e-mail address.
Annual cash salary: Your annual base salary, excluding bonuses, incentives, and overtime pay, etc.
Hire date: The date you began working for your employer.
Birth date: Your date of birth.
Work Status: Exempt (not eligible for overtime) or non-exempt (eligible for overtime)
Sex: Male or female.
Marital status: Married or Not Married.

Section III

Spouse information: If applicable.

Section IV

Employee contribution: On the appropriate line, enter the amount you would like deducted from your compensation and contributed to the Plan using whole dollar or percentage amounts. If you do not want to contribute to the Plan, you will need to indicate that in this section by checking a box. By checking the box, you understand that you are choosing not to make contributions to the Plan and, therefore, will not be entitled to receive any matching contributions (if applicable) under the terms of the Plan and your employer's Plan Adoption Agreement. If you do not insert a dollar or percentage amount, or do not elect to check the box below, you will be deemed to have elected the default contribution rate of 4% of your compensation. You can change the amount deducted from your compensation at any time by calling the Customer Call Center at (877) 208-0092 or by accessing your account online via www.cpg.org/myaccount.

Section V

Investment options: To help you meet your investment goals, the Plan offers you a range of investment options. Upon enrollment, your contributions will be defaulted to the applicable Fidelity Freedom K[®] Fund, a target retirement date fund that assumes your retirement age will be age 65. In order to modify your investment option, you will need to log on to www.cpg.org/myaccount. Then simply click on "change investment" on the left side of the Web page. Click on "investment election" to select any of the available Plan investment options. Be sure to use whole percentages only. Your total allocation must equal 100%. If your investment percentages do not equal 100%, or if you fail to elect an investment option, your contributions will continue to be invested in the applicable Fidelity Freedom K[®] Fund. If no date of birth or an invalid date of birth is on file at Fidelity, your contributions may be invested in the Fidelity Freedom K[®] Income Fund.

Section VI—To be completed by the employee:

Employee's signature and date: Your signature and the date you signed the application.

Section VII—To be completed by your employer:

Employee Effective Date: Please review the information included on this application before signing. You are responsible for verifying the accuracy of the information.
The first day of the month following the completion of the application form.
Mail to: The Church Pension Fund
Pension Services
19 East 34th Street
New York, NY 10016
Please retain a copy for your records.



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☐ New Enrollment ☐ Transfer

Section I—Employer Information

Employer name: _____

Employer address: _____

City

State

ZIP

Country

Section II—Employee Information (all information must be provided or indicate where N/A)

Employee name: _____

Social Security number: _____

Employee address: _____

City

State

ZIP

Country: _____

Phone numbers: Business: _____ Home/mobile: _____

E-mail address: _____

Annual cash salary: \$ _____ Is housing provided? ☐ Y ☐ N Meals? ☐ Y ☐ N Utilities \$ _____

Hire date: _____

Birth date: _____

Status: ☐ Exempt from overtime
☐ Not exempt from overtime

Scheduled hours per year: _____

Sex: ☐ Female
☐ Male

Marital status:* ☐ Married ☐ Not married Date of Marriage: _____

*The Plan recognizes legally married same gender spouses.

Section III—Spouse Information

Name: _____

Birth date: _____ Social Security # _____

Sex: ☐ Female
☐ Male

Phone: _____

E-mail: _____



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Section IV—Employee Contribution

On the appropriate line below, enter the amount (in whole dollars or as a percentage) you would like deducted from your compensation on a pre-tax basis and contributed to the Plan using whole dollar or percentage amounts.

\$ _____ per payroll period

_____ % of your compensation per payroll period

Please check the box below if you do not want to contribute to the Plan.

- ☐ By checking this box, you understand that you are choosing not to make contributions to the Plan and, therefore, will not be entitled to receive any matching contributions (if applicable) under the terms of the Plan and your employer's Plan Adoption Agreement. You will still be entitled to receive the base employer contribution even if you do not contribute.

If you do not insert a dollar or percentage amount above, or do not check the box above, you will be deemed to have elected the default contribution rate of 4% of your compensation per payroll period. You can change the amount deducted from your compensation at any time by calling the Customer Call Center at (877) 208-0092 or by accessing your account online via www.cpg.org/myaccount.

Section V—Investment Options

To help you meet your investment goals, the Plan offers you a range of investment options. Upon enrollment, your contributions will be defaulted to the applicable Fidelity Freedom K® Fund, a target retirement date fund that assumes your retirement age will be age 65. In order to modify your investment option, you will need to log on to www.cpg.org/myaccount. Then simply click on "change investment" on the left side of the Web page. Click on "investment election" to select any of the available Plan investment options. Be sure to use whole percentages only. Your total allocation must equal 100%. If your investment percentages do not equal 100%, or if you fail to elect an investment option, your contributions will continue to be invested in the applicable Fidelity Freedom K® Fund. If no date of birth or an invalid date of birth is on file at Fidelity, your contributions may be invested in the Fidelity Freedom K® Income Fund.

Section VI—Instructions to the Employee

This is a legal document; make all entries thoughtfully and clearly. Please be certain your Social Security number is correct because all contributions are maintained using this number. Be certain birth dates are correct; any error may delay your benefits.

By signing this form you (1) permit The Church Pension Fund, Fidelity Investments, any other vendor with whom you have established a 403(b) account, and your employer to share information regarding your account to ensure compliance with all applicable laws; and (2) authorize your employer to withhold contributions from your compensation as indicated in Section IV.

Employee's signature _____

Date _____

Section VII—To Be Completed by the Employer

Employer, please examine the entries on this application before signing it to be sure everything is complete and correct. By signing this form, you are verifying its accuracy.

Employer's authorized signature/Title _____

Date _____

Employee Effective Date: _____

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Pension Services
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New York, NY 10016
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