



The undersigned organization ("Participating Employer") and the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund") agree to the participation of the Participating Employer in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") and/or the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"). The Pension Plan and TDRA are maintained by Pension Fund, are intended to qualify as retirement income accounts under Section 403(b)(9) of the Internal Revenue Code ("Code"), and are exempt from the Employee Retirement Income Security Act of 1974 ("ERISA") and the Code as church plans under ERISA Section 3(33) and Code Section 414(e).

- PLEASE TYPE OR PRINT CLEARLY -

I. PARTICIPATING EMPLOYER INFORMATION

Employer Name _____ EIN _____

Address _____

City _____ State _____ Country _____ Zip _____ - _____

The Participating Employer is (*check one*):

- A congregation of the **Christian Church (Disciples of Christ)**.
- A congregation of the **Christian Church/Churches of Christ, Churches of Christ in the United States, or Church of Christ, Disciples of Christ, International**.
- A tax-exempt agency, unit, benevolent home, or elementary or secondary school under Code Section 501(c)(3) that is controlled, operated, and principally supported by the Christian Church (Disciples of Christ) or the Stone-Campbell Restoration Movement, and which does not generally offer goods or services for sale to the general public. This type of organization is referred to as a **qualified church controlled organization or QCCO**.
- A congregation that is not part of the Christian Church (Disciples of Christ) or Stone-Campbell Restoration Movement but **which is being served by a Christian Church (Disciples of Christ) ordained or commissioned/licensed minister in the exercise of his or her ministry**. Enter minister's full name: _____ . *Please attach to this Agreement evidence of the minister's ordination, commission or license.*

If you need more information regarding these classifications, please contact Pension Fund.

II. PLAN INFORMATION

Select the 403(b) retirement plan or plans in which the Participating Employer elects to participate:

- Pension Plan [*if selected, please complete Appendix A*]
- TDRA [*if selected, please complete Appendix B*]

Select which applies:

- Pension Fund is not the sole provider of Code Section 403(b) benefits for the Participating Employer's eligible employees.
- Pension Fund is the sole provider of Code Section 403(b) benefits for the Participating Employer's eligible employees.

If Pension Fund is selected as the sole provider of Code Section 403(b) benefits for the Participating Employer's eligible employees, Pension Fund will agree to assume responsibility for all 403(b) compliance under the Pension Plan and/or TDRA, as applicable, except as specifically set forth in Section III. The Participating Employer acknowledges, however, that Pension Fund's ability to comply with the 403(b) rules is dependent on the accuracy of the information provided by the Participating Employer and that Pension Fund will not be responsible for any error that results from Pension Fund's failure to receive accurate or timely information from the Participating Employer.

If Pension Fund is the sole provider of Code Section 403(b) benefits for the Participating Employer's eligible employees, the Participating Employer's 403(b) plan document shall consist of the Participation Agreement, all applicable Appendices

to the Participation Agreement, and the Pension Plan document and/or the TDRA plan document, as applicable, as each may be amended from time to time.

III. PARTICIPATING EMPLOYER AGREEMENTS

In executing this Participation Agreement, the Participating Employer agrees:

- to be bound by all terms of the Pension Plan and/or the TDRA, as applicable; the terms of this Participation Agreement and any Appendices hereto; and the rules and regulations of Pension Fund, all as may be amended from time to time; and
- to timely remit salary reduction contributions in accordance with the Code Section 403(b) regulations (generally no later than 15 business days following the end of the month in which the salary reduction contributions were withheld from compensation); and
- to timely remit dues to the Pension Plan, if applicable, by the first day of the month for which payable, and contributions to the TDRA, if applicable, in accordance with Appendix B but no later than required by law; and
- to submit an Enrollment Form to Pension Fund for each employee enrolling in the Pension Plan and/or TDRA with the initial dues and/or contributions payable for that employee (*initial dues and/or contributions received for an employee without an Enrollment Form will be returned to the Participating Employer if the Enrollment Form is not submitted to Pension Fund within 15 business days following the end of the month in which received*); and
- to provide Pension Fund an executed Salary Contribution Agreement between the Participating Employer and employee if the employee is making pre-tax or Roth contributions to the TDRA; and
- to promptly notify Pension Fund of any changes in the information provided on any employee's Enrollment Form or this Participation Agreement and/or the Appendices hereto, and to promptly notify Pension Fund when an employee terminates employment, retires, dies, or becomes disabled; and
- to provide any other information reasonably requested by Pension Fund from time to time to properly administer the Pension Plan and/or TDRA in accordance with their terms and applicable law.

The Participating Employer further agrees that it is responsible for the following areas of compliance:

- determining and monitoring employee eligibility in accordance with the terms of the Pension Plan and Appendix A of this Participation Agreement and/or the terms of the TDRA and Appendix B of this Participation Agreement, as applicable;
- calculating the correct dues and/or contribution amount payable under the Pension Plan and/or TDRA, as applicable;
- timely remittance of all required contributions to Pension Fund, as set forth in this Participation Agreement, but no later than required by law; and
- compliance with the applicable contribution limits under the Code, including Code Section 415(c) and 402(g).

Any conflict between the terms of this Participation Agreement and Appendices hereto, and the Pension Plan and/or TDRA, as amended, shall be resolved in favor of the Pension Plan and/or TDRA, as applicable.

The Participating Employer understands and agrees that failure to follow the terms of the Pension Plan and/or TDRA, as applicable, or this Participation Agreement and any Appendices hereto (to the extent not in conflict with the applicable Plan) may cause the benefits provided thereunder to be immediately taxable. The Participating Employer further agrees that if it fails to comply with its responsibilities under Code Section 403(b) as set forth in this Participation Agreement and the Appendices hereto, including the failure to timely pay dues, **the Participating Employer will be solely responsible for directing Pension Fund as to the correction of any resulting operational or compliance errors, as well as for the cost of such corrections. Pension Fund will accept no liability for an employer's errors.**

The Participating Employer agrees to complete Appendix C to identify all persons with authority to act on behalf of the Participating Employer with respect to the Pension Plan and/or TDRA, and to update Appendix C as necessary.

Either the Pension Fund or the Participating Employer can terminate this Participation Agreement and, therefore, its participation in the Pension Plan and/or TDRA, as applicable, for any reason with 60 days prior written notice to the other party. **Termination of the Participation Agreement does not terminate the Pension Plan or TDRA as to the Participating Employer's employees nor does it not create a distributable event for members.**

IV. EFFECTIVE DATE OF PARTICIPATION AGREEMENT AND OF PLAN ADOPTION

The Participating Employer has adopted or hereby adopts (*complete as applicable*) the Pension Plan effective as of _____, 20____ and/or the TDRA effective as of _____, 20____.

PARTICIPATING EMPLOYER

The undersigned represents that he or she is an authorized representative of the Participating Employer with authority to sign this Agreement and the applicable Appendices hereto on the Participating Employer's behalf. This Participation Agreement is effective as of the last date executed below.

By _____ Title _____

Printed Name _____ Date ____/____/____

Phone No. (____) _____ E-mail Address _____

PENSION FUND OF THE CHRISTIAN CHURCH

By _____ Title AVP of Compliance

Printed Name Dawn M. Fleming Date ____/____/____

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org



**APPENDIX A
PARTICIPATION AGREEMENT FOR
CHURCHES AND QCCOS**

PLAN INFORMATION FOR THE PENSION PLAN

Complete only if the Participating Employer's employees are eligible to participate in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ). The information requested below is intended to inform Pension Fund as to the terms of the Participating Employer's participation in the Pension Plan. It is also intended to document the material discretionary terms of the Participating Employer's participation in the Pension Plan as required by law. **It is very important that this Appendix A be completed accurately to ensure consistency between the 403(b) plan document and actual plan operation.** The Participating Employer may prospectively change the terms of its participation in the Pension Plan at any time by revising this Appendix A through action of the Participating Employer's governing body or other authorized representative of the Participating Employer and providing a copy of such revised Appendix A to Pension Fund.

NOTE: Any conflict between the terms of this Appendix A and the Pension Plan, as amended, shall be resolved in favor of the Pension Plan.

I. EMPLOYEE ELIGIBILITY, AGE AND SERVICE REQUIREMENTS, AND CONTRIBUTIONS

Identify below each employee classification eligible to participate in the Pension Plan and complete the related information.

A. Employee Classification	B. Minimum Age and/or Service Requirement for Eligibility (if any)	C. Employer and Member Dues (% of Compensation Base)
<input type="checkbox"/> Ministers, but <u>not</u> including (complete if applicable): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<u>Minimum Age:</u> <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____ <u>Minimum Service:</u> <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____ <u>Entry Date:</u> <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after completion of minimum age and service	<u>Percentage Dues:</u> <input type="checkbox"/> 14% Employer Dues <input type="checkbox"/> 14% = 11% Employer Dues <u>and</u> 3% Member Dues <input type="checkbox"/> 14% = _____% Employer Dues <u>and</u> _____% Member Dues <i>Total dues for Ministers must equal 14%.</i> <u>Percentage Compensation Base:</u> If less than 100% of an eligible employee's Compensation Base is used to determine the applicable Dues, indicate applicable percentage of Compensation Base here: _____%
<input type="checkbox"/> Lay Employees, but <u>not</u> including (complete if applicable): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<u>Minimum Age:</u> <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____ <u>Minimum Service:</u> <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____ <u>Entry Date:</u> <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after completion of minimum age and service	<u>Percentage Dues:</u> <input type="checkbox"/> 14% Employer Dues <input type="checkbox"/> 14% = 11% Employer Dues <u>and</u> 3% Member Dues <input type="checkbox"/> _____% Employer Dues <u>and</u> _____% Member Dues <i>Total dues for Lay Employees must be at least 6%.</i> <u>Percentage Compensation Base:</u> If less than 100% of an eligible employee's Compensation Base is used to determine the applicable Dues, indicate applicable percentage of Compensation Base here: _____%

<input type="checkbox"/> Other (<i>please describe</i>): _____ _____ _____ _____ but <u>not</u> including (<i>complete if applicable</i>): _____ _____ _____ _____	<u>Minimum Age:</u> <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____	<u>Percentage Dues:</u> <input type="checkbox"/> 14% Employer Dues <input type="checkbox"/> 14% = 11% Employer Dues <u>and</u> 3% Member Dues <input type="checkbox"/> _____ % Employer Dues <u>and</u> _____ % Member Dues <i>Total dues for Ministers must equal 14% and for Lay Employees must be at least 6%.</i>
	<u>Minimum Service:</u> <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____	<u>Percentage Compensation Base:</u> If less than 100% of an eligible employee's Compensation Base is used to determine the applicable Dues, indicate applicable percentage of Compensation Base here: _____ %
	<u>Entry Date:</u> <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after completion of minimum age and service	

IMPORTANT: Pension Fund will reduce the Member's Compensation Base for a calendar year for purposes of determining the Member's Pension, Disability or Death Benefits if dues are paid on less than 100% of the Member's Compensation Base or if the required dues as set forth above are not paid by the Participating Employer or Member to the Pension Plan for that year. **THIS WILL RESULT IN LOWER PENSION, DEATH AND DISABILITY BENEFITS FOR A MEMBER.**

Identify below any classification of employees not eligible to participate in the Pension Plan: _____

II. PAYMENT OF DUES

If applicable, Member Dues may be (*check one box only*): *pre-tax* only *after-tax* only either *pre-tax* or *after-tax*
 The Member's Pension Plan Enrollment Agreement must specify whether Dues are *pre-tax* or *after-tax* for that Member. The Participating Employer is responsible for promptly notifying Pension Fund of any changes to how Member Dues are being paid at any time thereafter.

III. DEATH AND DISABILITY BENEFITS

An amount equal to 3% of the Member's Compensation Base pays for Death and Disability Benefits under the Pension Plan. If the Participating Employer does not make an election below, this amount will be deducted from: (i) *pre-tax* Member Dues, if any; (ii) Employer Dues, if any; and (iii) *after-tax* Member Dues, if any, in that order.

- Deduct the 3% payment for Death and Disability Benefits from *pre-tax* Member Dues first.
- Deduct the 3% payment for Death and Disability Benefits from Employer Dues first.

IV. AGREEMENTS

If this is the original Appendix A, it is effective on the date that the Pension Plan is adopted by the Participating Employer as reflected in the Participation Agreement. If this is a revised Appendix A, it is effective on _____, 20____.

PARTICIPATING EMPLOYER

The undersigned represents that he or she is an authorized representative of the Participating Employer with authority to sign this Agreement and the applicable Appendices hereto on the Participating Employer's behalf.

By _____ Title _____
 Printed Name _____ Date _____/_____/_____
 Phone No. (_____) _____ E-mail Address _____

PENSION FUND OF THE CHRISTIAN CHURCH

By _____ Title AVP of Compliance
 Printed Name Dawn M. Fleming Date _____/_____/_____



**APPENDIX B
PARTICIPATION AGREEMENT FOR
CHURCHES AND QCCOS**

PLAN INFORMATION FOR THE TAX-DEFERRED RETIREMENT ACCOUNT

Complete only if the Participating Employer's employees are eligible to participate in the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ). The information requested below is intended to inform Pension Fund as to the terms of the Participating Employer's participation in the TDRA. It is also intended to document the material discretionary terms of the Participating Employer's participation in the TDRA as required by law. **It is very important that this Appendix B be completed accurately to ensure consistency between the 403(b) plan document and actual plan operation.** The Participating Employer may prospectively change the terms of its participation in the TDRA at any time by revising this Appendix B through action of the Participating Employer's governing body or other authorized representative of the Participating Employer and providing a copy of such revised Appendix B to Pension Fund.

NOTE: Any conflict between the terms of this Appendix B and the TDRA, as amended, shall be resolved in favor of the TDRA.

I. EMPLOYEE ELIGIBILITY, AGE AND SERVICE REQUIREMENTS, AND CONTRIBUTIONS

Identify below each employee classification eligible to participate in the TDRA and complete the related information. **Eligible employees are 100% immediately vested in contributions made to the TDRA on their behalf.**

A. Employee Classification	B. Minimum Age and/or Service Requirement for Eligibility (if any)	C. Salary Reduction Contributions	D. Employer Contributions
<input type="checkbox"/> Ministers , but not including (complete if applicable): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<p>Minimum Age: <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____</p> <p>Minimum Service: <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____</p> <p>Entry Date: <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after completion of minimum age and service</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Complete all that apply: <input type="checkbox"/> \$ _____ <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> _____ % of Compensation <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> Matching Contributions (describe below) <input type="checkbox"/> Contributions that vary by service (describe below) <input type="checkbox"/> Discretionary Contributions</p>
<input type="checkbox"/> Lay Employees , but not including (complete if applicable): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<p>Minimum Age: <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____</p> <p>Minimum Service: <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____</p> <p>Entry Date: <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Complete all that apply: <input type="checkbox"/> \$ _____ <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> _____ % of Compensation <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> Matching Contributions (describe below) <input type="checkbox"/> Contributions that vary by service (describe below) <input type="checkbox"/> Discretionary Contributions</p>

	completion of minimum age and service		
<input type="checkbox"/> Other (please describe): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Minimum Age: <input type="checkbox"/> None <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete all that apply: <input type="checkbox"/> \$ _____ <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> _____ % of Compensation <input type="checkbox"/> each pay period <input type="checkbox"/> annually <input type="checkbox"/> Matching Contributions (describe below) <input type="checkbox"/> Contributions that vary by service (describe below) <input type="checkbox"/> Discretionary Contributions
	Minimum Service: <input type="checkbox"/> None <input type="checkbox"/> _____ continuous months of service <input type="checkbox"/> _____ year of service <input type="checkbox"/> Other _____ <hr/> Entry Date: <input type="checkbox"/> Hire date or, if later, day after completion of minimum age and service <input type="checkbox"/> First day of next month after hire date or, if later, first day of next month after completion of minimum age and service		
but not including (complete if <i>applicable</i>): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Generally, all eligible employees should be permitted to make salary reduction contributions to the TDRA. Identify below any classification of employees **not** eligible to participate in the TDRA for purposes of employer contributions:

If **matching contributions** or **contributions that vary by service** were elected above in Column D, describe the applicable contribution schedule here:

If **discretionary contributions**, **post-employment contributions** or **disability contributions** are made to the TDRA on behalf of Eligible Employees, such contributions must be approved in writing by the Participating Employer's governing body or other authorized representative of the Participating Employer.

II. AGREEMENTS

If this is the original Appendix B, it is effective on the date that the TDRA is adopted by the Participating Employer as reflected in the Participation Agreement. If this is a revised Appendix B, it is effective on _____, 20____.

PARTICIPATING EMPLOYER

The undersigned represents that he or she is an authorized representative of the Participating Employer with authority to sign this Agreement and the applicable Appendices hereto on the Participating Employer's behalf.

By _____ Title _____
 Printed Name _____ Date ____ / ____ / ____
 Phone No. (_____) _____ E-mail Address _____

PENSION FUND OF THE CHRISTIAN CHURCH

By _____ Title AVP of Compliance
 Printed Name Dawn M. Fleming Date ____ / ____ / ____



**APPENDIX C
PARTICIPATION AGREEMENT FOR
CHURCHES AND QCCOS**

PARTICIPATING EMPLOYER AUTHORIZED CONTACT FORM

A Participating Employer who has entered into a Participation Agreement with the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund") must complete this **Appendix C** in order to identify those individuals who are authorized to represent and act on behalf of the Participating Employer for all purposes related to the Participating Employer's participation in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) and/or the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ), except for purposes of signing the Participation Agreement and Appendices thereto.

I. PARTICIPATING EMPLOYER INFORMATION

Employer Name _____ EIN _____
 Address _____
 City _____ State _____ Country _____ Zip _____ - _____

II. AUTHORIZED REPRESENTATIVES

Contact Name _____	Title/Office _____
Phone No. (_____) _____	E-Mail Address _____
Signature _____	Date ____/____/____
Contact Name _____	Title/Office _____
Phone No. (_____) _____	E-Mail Address _____
Signature _____	Date ____/____/____
Contact Name _____	Title/Office _____
Phone No. (_____) _____	E-Mail Address _____
Signature _____	Date ____/____/____
Contact Name _____	Title/Office _____
Phone No. (_____) _____	E-Mail Address _____
Signature _____	Date ____/____/____

III. PARTICIPATING EMPLOYER CERTIFICATIONS AND SIGNATURE

The Participating Employer agrees that Pension Fund is entitled to rely on this Appendix C, and shall be held harmless in doing so, until such time that the Participating Employer submits a revised Appendix C to Pension Fund.

The undersigned represents that he or she is an authorized representative of the Participating Employer with authority to sign this Agreement and the applicable Appendices hereto on the Participating Employer's behalf.

By _____ Title _____
 Printed Name _____ Date ____/____/____
 Phone No. (_____) _____ E-mail Address _____