



Enrollment Form

United Methodist Personal Investment Plan (UMPIP), UMLifeOptions—Lay Long-Term Disability (LTD)/Life Insurance Plan

Part 1 – Participant Statistical Information. To be completed by the participant or plan sponsor.

Participant name _____ Primary phone # (____) _____

Home address _____ Alternate phone # (____) _____

Country of citizenship _____ Spouse name _____

Participant Social Security # _____ Spouse Social Security # _____

Participant birthdate _____ Spouse birthdate _____

Participant gender: Male Female Marriage date _____

Part 2 – Employment Information. To be completed by the plan sponsor.

Date of employment _____ Annual compensation* _____

Employee classification, if any _____
* Please indicate "open" as compensation for hourly employees.

(Must match description as entered on UMPIP adoption agreement section 2.3(a) under "Other".)

For Lay: Number of hours regularly worked per week:

30 or more 20 - 29.9 < 20

For Clergy: Appointed to:

Full-time service ¾ time service

½ time service ¼ time service

Parsonage provided

Housing allowance amount, if any _____

(Do not include this amount in annual compensation.)

Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

First-time enrollee (never previously enrolled in any plan) Re-enrollment after previous participation

Addition of a plan Transferred from another plan sponsor

Part 4 – Plan Enrollment. To be completed by the plan sponsor.

United Methodist Personal Investment Plan Effective date _____

UMLifeOptions—Lay LTD/Life Insurance Plan¹ Effective date _____

¹ Only available for lay employees and for local pastors and Members of Other Denominations appointed to ½ time or ¾ time appointment.

(continued)

Part 5 – Participant Contributions to UMPIP. To be completed by the plan sponsor.

Effective date: _____

The participant completed a *Before-Tax and After-Tax Contributions Agreement* and elected to contribute at the following rates. If the participant fails to complete this form, but you elected Automatic Enrollment on your *UMPIP Adoption Agreement*, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but **not** both.

Before-tax contributions: _____ % *or* \$ _____ per month

After-tax contributions: _____ % *or* \$ _____ per month

Part 6 – Plan Sponsor Information. To be completed by the plan sponsor.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please mail this completed form to the General Board of Pension and Health Benefits,
1901 Chestnut Avenue, Glenview, Illinois 60025-1604. Be sure to keep a copy for your records.
Or you may fax it to **1-847-866-5195**.



Before-Tax and After-Tax Contributions Agreement

United Methodist Personal Investment Plan (UMPIP), Puerto Rico Personal Investment Plan (PRPIP)

Part I – Participant Information

Name _____ Social Security # _____
Mailing Address _____ Primary phone # (____) _____

E-mail _____
Country of Citizenship _____

Part 2 – Limits on Contributions

UMPIP

Your total before-tax contributions for the year cannot exceed the lesser of your cash salary or the annual 402(g) elective deferral limit (\$17,500 for 2014). If you are age 50 or older by December 31, you may make additional catch-up contributions (up to \$5,500 for 2014). If you have at least 15 years of service with all United Methodist-related organizations, you may make additional catch-up contributions. Call the General Board for further details.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions, cannot exceed your compensation for the plan year or \$52,000 (for 2014), whichever is less. For this purpose, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

PRPIP

Your total before-tax contributions for the year cannot exceed the lesser of your cash salary or the annual deferral limit (\$15,000 for 2014). If you are age 50 or older by December 31, you may make additional catch-up contributions (up to \$1,500 in 2014). After-tax contributions to PRPIP generally cannot exceed 10% of your compensation.

Your total before-tax and after-tax contributions cannot exceed your compensation for the plan year or \$49,000 (for 2014), whichever is less. For this purpose, compensation includes the value of any parsonage or housing allowance.

Part 3 – Before-Tax Participant Contributions

Indicate the dollar amount or percentage by which you elect to have your compensation reduced and contributed to UMPIP or PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from UMPIP or PRPIP, your contributions and earnings are taxable. Before-tax contributions cannot exceed the limits outlined in Part 2.

Choose one:

- Percentage of compensation: _____ % of compensation
- Dollar amount: \$ _____ per month (cannot exceed your monthly compensation)
- I elect not to make before-tax contributions

Part 4 – After-Tax Participant Contributions

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to UMPIP or PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be deducted after withholding taxes are calculated. At the time of distribution from UMPIP or PRPIP, your after-tax contributions are non-taxable and earnings thereon are taxable. After-tax contributions cannot exceed the limits outlined in Part 2.

Choose one:

- Percentage of compensation: _____ % of compensation
- Dollar amount: \$ _____ per month (cannot exceed your monthly compensation)
- I elect **not** to make after-tax contributions

Part 5 – Participant Signature

You cannot withdraw contributions from UMPIP or PRPIP unless you have a financial hardship as defined under UMPIP or PRPIP, attain age 59½, are disabled as defined under UMPIP or PRPIP, retire, terminate employment and/or terminate your relationship with the annual conference.

Requested effective date of this contribution _____

This agreement will remain in effect with your current plan sponsor until you complete a new form.

Signature _____ Date _____

Part 6 – Acceptance by the Plan Sponsor/Salary-Paying Unit

Effective date of this contribution _____, 1, 20____.

This date must be the first day of a month on or after the participant signed this form.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please complete this form and send it by:

- E-mail (scanned copy) to prcwebteam@gbophb.org or
- Fax to **1-847-866-5195** or
- Mail to General Board of Pension and Health Benefits
1901 Chestnut Avenue, Glenview, IL 60025

The plan sponsor/salary-paying unit should keep the original form for its payroll records.



General Board

Pension and Health Benefits

Caring For Those Who Serve

1-800-851-2201
www.gbophb.org

Designation of Beneficiary for Retirement and Welfare Plans – Participant

Type or write legibly in ink with no scratch-outs.

Part I – Personal Information

Name _____ Social Security # _____
 Mailing Address _____ Birth date _____
 _____ Primary phone # (____) _____
 Country of citizenship _____ E-mail _____

Part 2 – Marital Status

Marital Status: Not married Married; date _____

Spouse name _____ Spouse Social Security # _____
LAST NAME FIRST NAME MIDDLE INITIAL
 Spouse birth date _____

Note: If you are submitting this form due to divorce, please submit a photocopy of your *Decree of Divorce* or similar court order, if you have not already done so.

Part 3 – Plan Designation(s). *The designations you make on this form apply to the plans you check below. If no plans are checked, the designations on this form will apply to all plans.*

All plans

Retirement plans:

- Clergy Retirement Security Program (CRSP)—includes Ministerial Pension Plan (MPP) and Pre-82 Plan
- Collins Pension Plan for Missionaries (Collins Pension Plan)
- Horizon 401(k) Plan (Horizon)
- Retirement Plan for General Agencies (RPGA)
- United Methodist Personal Investment Plan (UMPIP)

Welfare plans:

- Comprehensive Protection Plan (CPP)
- Basic Protection Plan (BPP)

Designations do not apply to monthly benefits from the defined benefit portion of CRSP, Pre-82 Plan or Collins Pension Plan, or to lifetime annuities from MPP or other General Board-administered plans.

Part 4 – Designation of Primary Beneficiary(ies). *Designate the person(s) and/or entity(ies) you choose to receive any benefits payable in the event of your death. For additional important information regarding beneficiary designations, go to www.gbophb.org/retirement/articles/beneficiary.asp*

- If you are single and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your estate.
- If you are married and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your surviving spouse.
- If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse has consented otherwise in Part 6.

For additional primary beneficiaries, attach a copy of this form and check here <input type="checkbox"/>	Social Security Number	Date of Birth	Relationship*	Percentage**
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				

* Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."

** Percentages must total 100%.

Part 5 – Designation of Secondary Beneficiary(ies). *If your primary beneficiary(ies) die(s) before you, any benefits payable upon your death will be paid to your secondary beneficiary(ies).*

For additional secondary beneficiaries, attach a copy of this form and check here <input type="checkbox"/>	Social Security Number	Date of Birth	Relationship*	Percentage**
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				

* Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."

** Percentages must total 100%.

Part 6 – Spousal Consent. *If you are married at the time of your death, your spouse at that time will be your primary beneficiary unless he or she has consented otherwise here. If you have not named your spouse as your sole beneficiary in Part 4, you may want to ask your spouse to consent to your designation by completing Part 6.*

I consent to the specific beneficiary(ies) named on this form. (If your spouse later changes the beneficiary(ies), your consent will be revoked.)

I understand that: 1) if I do not sign here, I will receive my spouse's death benefits, if any, if I am married to my spouse at his or her death; 2) by signing here, I consent to the beneficiary(ies) named in this form; and 3) the effect of this consent is to cause any benefits payable upon my spouse's death to be paid to those beneficiary(ies) instead of me.

Spouse signature _____ Date _____

Signed in the presence of _____

Notary public signature _____

Subscribed and sworn before me on this _____

My commission expires _____



NOTARY SEAL

Spousal consent is not valid without notarization.

Part 7 – Your Signature

I designate the person(s) and/or entity(ies) named on this form as my beneficiary(ies) for the plans indicated. I reserve the right to revoke the designation(s) at any time by submitting a new beneficiary designation form with spousal consent, if required. Information provided here shall replace all previous beneficiary designation(s) I have made for the plans checked in Part 3. I understand that naming or changing my beneficiary does *not* affect my contingent annuitant election (i.e., my surviving spouse or other person who receives a lifetime annuity or monthly benefit after my death), if any. Contingent annuitants are named when benefits begin and may not be changed thereafter.*

Your signature _____ Date _____

*For important information regarding beneficiary designations vs. contingent annuitants, go to www.gbophb.org/retirement/articles/beneficiary.asp

Fax to the General Board at **1-847-866-5195**, or mail to:
 General Board of Pension and Health Benefits, Attn: Beneficiary Designation,
 1901 Chestnut Avenue, Glenview, Illinois 60025-1604
 Please keep a copy for your records.



Investment Election Form

United Methodist Personal Investment Plan (UMPIP), Clergy Retirement Security Program Defined Contribution (CRSP DC), Retirement Plan for General Agencies (RPGA) and Horizon 401(k) Plan (Horizon)

Part I – Participant Information

Name _____ Social Security # _____
Address _____ Primary phone # () _____
_____ E-mail address _____
Country of citizenship _____

Part 2 – LifeStage Investment Management Service Election

The LifeStage Investment Management Service, offered by the General Board of Pension and Health Benefits (General Board), is an investment management tool that determines your investment fund allocation based on your age, your General Board account balances, expected Social Security benefits (if applicable) and the answers to your LifeStage Personal Investment Profile. You may complete your own investment profile in Part 3 or you may use the LifeStage Investment Management Service default investment profile. Please refer to the *General Board Investing Opportunities* brochure for more information.

You may discontinue using the LifeStage Investment Management Service and choose among the General Board investment funds at any time; however, you may be subject to a 60-day waiting period in accordance with the General Board’s policy on interfund transfers. Please refer to the *General Board Investing Opportunities* brochure for more information.

If you are participating in LifeStage Retirement Income and elect to choose your own investment funds below, your LifeStage Retirement Income participation will be cancelled. You will receive a confirmation notice that explains how to manage your future monthly payments.

- I elect the **LifeStage Investment Management Service** to manage my defined contribution accounts, including UMPIP, CRSP DC, RPGA and/or Horizon account balance(s). I understand that while this election is in effect, the service will choose investment funds for me. If desired, complete the LifeStage Personal Investment Profile in Part 3. **(SKIP Part 4 and sign and date the form in Part 5.)**
- I elect to choose the investment funds for my UMPIP, CRSP DC, RPGA and/or Horizon account balances. I understand I must make an investment fund election for these accounts or my account balances will be invested by the LifeStage Investment Management Service. (Complete Parts 4 and 5.)

Part 3 – LifeStage Personal Investment Profile

To make the selections for your profile, please answer the following questions. Questions 3 and 4 apply only to clergy participants in the Ministerial Pension Plan (MPP). You may change these variables as often as you wish. For more information regarding these selections, please refer to the *General Board Investing Opportunities* brochure.

1. My risk tolerance is: Conservative Moderate Aggressive
(The default setting is Moderate.)
2. I will qualify to receive Social Security benefits when I retire: Yes No
(The default setting is Yes.)
3. I anticipate beginning to receive monthly benefit payments at age: _____ (enter age)
(The default setting is the Social Security Normal Retirement Age.)
4. My intention for the non-annuitized portion of MPP is:
 Invest my non-annuitized MPP account balance to support my long-term retirement needs (default)
 Withdraw and spend my non-annuitized MPP account balance soon after retirement

DO NOT COMPLETE THIS SECTION IF YOU ELECTED LIFESTAGE IN PART 2.

Part 4 – Investment Election

You must make an investment fund election for future contributions in order to direct the investment of your defined contribution accounts (includes UMPIP, CRSP DC, RPGA and Horizon). You may make an election to rebalance the investment of your current account balance and/or to direct the investment of future contributions into your account(s). Enter your investment election in 1% increments; the total must equal 100%. If not, your election is invalid and the General Board will return the form to you for proper completion. Information on the investment funds can be found on the General Board’s website at www.gbophb.org or in the *General Board Investing Opportunities* brochure.

Funds	Election for Current Account Balance ¹	Election for Future Contributions ²
Stable Value Fund	%	%
Inflation Protection Fund	%	%
Fixed Income Fund	%	%
Multiple Asset Fund	%	%
Balanced Social Values Plus Fund	%	%
U.S. Equity Fund	%	%
International Equity Fund	%	%
Total	%	%

¹ An **Election for Current Account Balance** is an account realignment that rebalances your entire existing fund portfolio.

² An **Election for Future Contributions** specifies the investment funds in which your future contributions (contributions not yet made to your account) are to be invested. **IF YOU HAVE NO ELECTION FOR FUTURE CONTRIBUTIONS ON FILE, YOUR ACCOUNTS WILL BE MANAGED BY LIFESTAGE.**

Part 5 – Signature

Please consider an investment’s objectives, risks and expenses carefully before making your selection. This and other important information can be found in the *General Board Investing Opportunities* brochure and in the *Investment Funds Description*. Both publications are available on the General Board website at www.gbophb.org under “Investments”—click “Resources” in the drop-down menu then select “Information.”

I understand and accept the actions I have taken with this election form.

Signature _____ Date _____

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- Mail to General Board of Pension and Health Benefits, 1901 Chestnut Avenue, Glenview, IL 60025