



The Episcopal Church Retirement Savings Plan (RSVP) Clergy 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 RSVP 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/rsvp enroll.

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 stipend: Your annual base salary, excluding bonuses, incentives, and overtime pay, etc.
Hire/Ordination Date: The date you began working for your employer or, if you are a cleric, the date of your first ordination.
Birth date: Your date of birth.
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 (in whole dollars or as a percentage) you would like deducted from your compensation and contributed to the RSVP. If you do not want to contribute to the RSVP, 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 RSVP and, therefore, will not be entitled to receive any matching contributions (if applicable) under the terms of the RSVP and your employer's 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 **1-877-208-0092** or by accessing your account online via www.cpg.org/myaccount.

Section V

Investment options: To help you meet your investment goals, the RSVP 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 RSVP 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



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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 stipend: \$ _____ Is housing provided? Y N Meals? Y N Utilities: \$ _____

Compensation for Clergy only*: *Social Security Tax Reimbursements: \$ _____

*Employer Paid Tuition for Dependents: \$ _____

*Other Taxable Income: \$ _____

*Cash Housing Allowance: \$ _____

Hire/Ordination date: _____

Birth date: _____

Status: Exempt from overtime
 Not exempt from overtime

Scheduled hours per year: _____

Sex: Female
 Male

Marital status*: Married
 Not Married

*The RSPV recognizes legally married same-gender spouses.



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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 RSVP.

\$ _____ per payroll period
_____ % of your compensation per payroll period

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

By checking this box, you understand that you are choosing not to make contributions to the RSVP.

If you do not insert a dollar or percentage amount above or do not check the box, 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 **1-877-208-0092** or by accessing your account online via **www.cpg.org/myaccount**.

Section V—Investment Options

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Section VI—Employee Signature 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 deduct contributions from your compensation as indicated in Section IV.

Employee's signature

Date

Section VII—Employer Signature Instructions to 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.

