MBA Traditional (Not Roth) After-Tax Contribution Form & Employer Certification

To be used when a contribution is made with personal after-tax monies only. Reverse side is for ACH contributions.

1 General Member Information

Full Name ____
Last First Middle Initial

Daytime Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ SS # ☐☐☐ - ☐☐ - ☐☐☐☐

2 Employer Information

Employer Name ____
Last First Middle Initial

Mailing Address ____
Street or PO Box City State Zip

Work Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ E-mail Address ______________________________

3 Deposit Amount

Please deposit $____________________ in my MBA 403(b) retirement account as a traditional after-tax contribution.

- ❑ per the enclosed check
- ❑ per transfer of funds from my MBA Personal Savings account #____________________
- ❑ per transfer of funds from my AGLF 30-day Demand Note Certificate #____________________

NOTE: Your employer's written plan must allow for traditional after-tax contributions in order to participate in this manner.

Member's Signature ____ **Date** _______

(If you are an evangelist or other self-employed minister, skip to section 5)

4 Employer Certification & Signature

I hereby certify that our written plan provisions allow for after-tax provisions and that ____________________________ (employee name) can make this traditional (not Roth) after-tax contribution. They will not be exceeding their contribution limits for this year as outline by the Internal Revenue Service (visit our Web site for contribution limits).

Authorized Employer Signature ____________________________________ **Date** _____________

Printed name ____**Title**___________________________________

5 For Evangelists & Other Independent Contractor Ministers Only

For Evangelists & Other Independent Contractor Ministers Only

By initialing here, I am certifying that I am an independent contractor for ministry purposes, and not employed by any ministry, and I qualify to file a Schedule C for my federal income tax on my ministry income. [This is not for those who file as self-employed for SECA purposes only.] IRS Example: A church hires and pays you a salary to perform ministerial services subject to its control. Under common-law rules, you are an employee of the church while performing those services. Please call our Customer Care Services or visit our Web site for further clarifications on independent contractor status _______
Member Initials

MBA Retirement
PO Box 2515 · Springfield, Missouri 65801· Phone: (800) 622-7526 · Fax: (417) 831-7429 · E-mail: retirement@AGFinancial.org · www.AGFinancial.org

AG FINANCIAL SOLUTIONS℠

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS TO MY MBA 403(B) RETIREMENT ACCOUNT (ACH DEBITS)

1 General Member Information

Full Legal Name ____
Last   First   Middle Initial

Daytime Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐   SS # ☐☐☐ - ☐☐ - ☐☐☐☐

2 New or Change?

❑ This is a **new** Authorization for Direct Deposit to my MBA 403(b) Retirement Account.
❑ This is a **change** Authorization for Direct Deposit to my MBA 403(b) Retirement Account.

3 Deposit Amounts?

Please indicate the amount that you wish to be deposited each month into each of your MBA 403(b) retirement account on the (check on box) ❑10th or ❑ 20th beginning on ______________________________
Month   Year

❑ **SELECT 403(b) *After-tax Contributions*** in the amount of $____________. (Contact MBA for contribution limits)
NOTE: you employer's written plan must allow for traditional after-tax contributions in order to participate in this manner.

4 Employer Certification & Signature

I hereby certify that our written plan provisions allow for after-tax contributions and that ________________________ (employee name) can make this traditional (not Roth) after-tax contribution. They will not be exceeding their contribution limits for this year as outline by the Internal Revenue Service (visit our Web site for contribution limits). This form must be renewed annually.

Authorized Employer Signature ____________________________________ **Date** ____________

Printed name ___________________________________**Title**_______________________________

5 Signatures and Authorization Agreement

I hereby authorize Assemblies of God Ministers Benefit Association to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my checking account indicated and further authorize said bank to credit and/or debit the same to such account. This authority is to remain in full force and effect until Ministers Benefit Association has received notification from me of its termination in such time and in such manner as to afford MBA and my bank a reasonable opportunity to act on it.

Member's Signature ____________________________________ **Date** ____________

Voided check MUST be attached here

- This form authorizes MBA to deposit contributions from the bank account information indicated on the attached voided check to your MBA account.
- All deposits to your MBA account must be monthly. Withdrawals will be done on the 10th or 20th of every month or the first working day thereafter.
- All changes should be received by MBA seven working days prior to the 10th or 20th.
- If contributions are rejected because of insufficient funds in your bank account for two consecutive months or three times during a year, you will be taken off automatic withdrawals.
- In the event of a stop payment of a draft or a closing of your bank account without prior notification to MBA, we may revoke this authorization agreement.

MBA Retirement
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