

## ① General Information

*Please keep a copy for your records.*

Full Legal Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone    -    -     Work Phone    -    -

SS #    -   -     Birth Date   -   -      Male  Female

E-mail \_\_\_\_\_

Yes, I would like to receive E-statements, I understand that a paper statement will not be mailed.

No, I do not want AG Financial information and updates sent to me by e-mail.

Spouse Name \_\_\_\_\_  
Last First Middle Initial

Spouse SS #    -   -     Spouse Birth Date   -   -

### Participant Eligibility

If you are not an Assemblies of God credentialed minister, proof of eligibility is required. (Employer signature or a copy of a W-2 form)

A retirement account cannot be opened for enrollees over age 70 with district contributions only.

Status:  AG employee  AG credentialed minister; if so, minister number \_\_\_\_\_

Title:  Rev.  Mr.  Mrs.  Ms.  Dr.

Marital Status:  Married  Single  Widowed

## ② Employment Information

*Complete all blanks*

Employment Status:  Employed  Self-employed Chaplain/Evangelist  AGUSM  AGWM

Participant's Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Date of Hire   -   -     Payroll Coordinator \_\_\_\_\_

EMPLOYER signature is required below if you are <b>not</b> an AG credentialed minister.	
<b>X</b>  Employers' Signature	/ /  Date

### ③ Retirement Investment Elections—Please choose one of the three following tracks:

#### Investment Option Allocation

No less than 10% in one category (with increases in increments of 5%) and only two changes per quarter are allowed. All received moneys are invested twice a week and the most recent election on file will be followed.

If no selection is indicated, I understand the default investment is the SELECT MBA Income Fund which predominately invests in AG churches and affiliated ministry mortgages.

**Track 1: Target-Date Strategies:** Select the strategy below based on your target date of retirement. The strategy will automatically become more conservative as that date approaches.

- Steward Navigator 2010 Strategy
- Steward Navigator 2020 Strategy
- Steward Navigator 2030 Strategy
- Steward Navigator 2040 Strategy

**Track 2: Risk-Based Strategies:** These pre-mixed strategies, based on levels of risk tolerance, create a well-diversified portfolio with one investment choice.

The Steward strategies offer a **fully-screened enhanced index** investment approach.

- Steward Conservative Strategy (20% Stocks/80% Bonds)
- Steward Moderate Strategy (40% Stocks/60% Bonds)
- Steward Balanced Strategy (60% Stocks/40% Bonds)
- Steward Aggressive Growth Strategy (80% Stocks/20% Bonds)
- Steward Diversified Equity Strategy (100% Stocks)

The Russell strategies offer a **non-screened active manager** investment approach.

- Russell Life Points® Moderate Strategy Fund (40% Stocks/60% Bonds)
- Russell Life Points® Balanced Strategy Fund (60% Stocks/40% Bonds)
- Russell Life Points® Growth Strategy Fund (80% Stocks /20% Bonds)
- Russell Life Points® Equity Growth Strategy Fund (100% Stocks)

**Track 3: Individual Investment Options:** Individual funds that allow you to create and customize your portfolio.

Steward Diversified Equity Strategy (100% Stocks)	_____ %
MBA Fixed Income Fund (100% Fixed)	_____ %
<b>TOTAL ASSET ALLOCATION</b>	<b>100</b> %

*Please keep a copy for your records*

**Fund prospectuses are available at [www.AGFinancial.org/retirement](http://www.AGFinancial.org/retirement) or by calling 1.800.622.7526.**

## ④ Designation of Beneficiary

The following individual(s) shall be my beneficiary(ies). If any primary beneficiary predeceases me, the contingent beneficiary(ies) shall acquire the designated share of my 403(b) account. If your primary beneficiary is an individual (as opposed to a trust), a contingent beneficiary should be designated. **If you list a trust as your beneficiary, you agree to provide a copy of the trust document and all future amendments in a timely fashion.** If you are married and your spouse is not your primary beneficiary, spousal signature is required:

*I hereby certify that I am the spouse of applicant and understand that I am not the primary beneficiary of this 403(b) account. I further certify that I am signing this certification of my own free will and am under no influence or duress by my spouse or any other person.*

						Spouse Signature			
<b>A: Designation of Primary Beneficiary(ies)</b>									
First Name	MI	Last Name	SS#	Birth Date	Share(%)	Spouse	Non-Spouse	Trust	Entity
1	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total 100%</b>									

<b>B: Designation of Contingent Beneficiary(ies)</b>									
First Name	MI	Last Name	SS#	Birth Date	Share(%)	Spouse	Non-Spouse	Trust	Entity
1	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total 100%</b>									

**Please check just one:** *Attach additional sheet, if needed, for beneficiary designations*

- If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other children in equal shares OR
- If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her other issue (my grandchildren) by right of representation.

**The payor may rely fully on this designation, and I agree to promptly notify the payor if there is any change in the status of any primary or contingent beneficiary.**

**If this beneficiary section is not completed,  
the Select 403(b) Plan's default beneficiaries will be in effect.**

## ⑤ Signature

**By signing below, I hereby certify to the following:**

I have read the SELECT Retirement Plan materials and direct MBA to place my retirement plan accumulations and future contributions in the funds and percentages indicated in Section 3 of this form and direct MBA to act as designated under Section 4 of this form.

<div style="border-bottom: 1px solid black; height: 20px; display: flex; align-items: center;"> <span style="font-size: 24px; margin-right: 10px;">X</span> </div>	<div style="border-bottom: 1px solid black; height: 20px; display: flex; align-items: center;"> <span style="font-size: 24px; margin-right: 10px;">/</span> <span style="font-size: 24px; margin-right: 10px;">/</span> </div>
Applicant's Signature	Date