



CHURCH OF THE BRETHREN PENSION PLAN

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
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Contribution Election Form

Return to your employer when completed.

PARTICIPANT INFORMATION

Participant name: _____ Social Security number _____

Birth date: ____/____/____ Marital status: Married Single Daytime telephone: (____) _____

Home address: _____

City: _____ State: _____ ZIP Code: _____ – _____ Email _____

PARTICIPANT ELECTION

This agreement is made between the participant and the employer. Any change to this agreement must be filed in accordance with procedures established by the employer.

I, the undersigned participant, hereby elect to:

Tax-deferred contributions

- Defer from my salary on a basic/required tax-deferred basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Defer from my salary on an additional tax-deferred basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Cease my tax-deferred contributions.

Roth contributions

- Deduct from my salary on a basic/required Roth basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Deduct from my salary on an additional Roth basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Cease my Roth contributions.

Tax-paid contributions

- Deduct from my salary on a basic/required after-tax basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Deduct from my salary on an additional after-tax basis _____ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).
- Cease my after-tax contributions.

EFFECTIVE DATE

- Make the effective date of this agreement the first day of the next pay period.
- Make the effective date of this agreement as of: ____/____/____ . (Date must be prospective.)

PARTICIPANT SIGNATURE

I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan. I understand (1) my election regarding contributions is irrevocable once the employer withholds the amount from my paycheck; and (2) any change of election regarding contributions is effective only for withholdings from paychecks I receive after my employer accepts my change of election. I further understand that written notice must be given before the effective date of any modification. This election will remain in effect until I revoke it in writing, take a hardship distribution, or until I complete a new Contribution Election form.

Participant signature: _____ Date: ____/____/____

EMPLOYER SIGNATURE

Employer signature: _____ Date: ____/____/____

Employer name: _____ Plan number: _____

DO NOT SEND TO BROTHERS PENSION PLAN

You and an appropriate business officer of your employer should sign the Contribution Election form. Keep a copy of the agreement for your records. Your employer should keep the original agreement. **DO NOT** send the agreement to Brethren Pension Plan. Your employer will implement changes with Brethren Pension Plan by submitting a Pension Plan Remittance form or contribution file.