



# Contribution Agreement Form

## The Nazarene 403(b) Retirement Savings Plan #72185

**Employee Instructions:** Please complete Sections 1 through 3 of this form to direct your Employer to reduce your compensation, and to contribute this compensation as an elective deferral to your Nazarene 403(b) Plan account, or to change your existing Agreement. This Agreement is between you and your Employer. After completing Sections 1 through 3, please forward this form to your employer for them to complete Sections 4 and 5. The original form should be returned to Nazarene Benefits USA (NBUSA). Please retain a copy of this Agreement for your records.

### 1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS. All boxes should be completed in this section.

Last Four Digits of Social Security # \_\_\_\_\_ Gender  Female  Male

First Name, M.I., Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Marital Status:  Single  Married Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date of Hire (mm/dd/yyyy) \_\_\_\_\_

Email \_\_\_\_\_

### 2. AGREEMENT

A. This Agreement is made between the Employee named in Section 1 (“Participant”) and the Employer named in Section 4 (“Employer”).

**Traditional Pretax Contribution:** Please deduct from my eligible compensation (i.e., wages or salary) on a pretax basis \$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period. My Employer agrees to contribute this amount on my behalf to the Plan.

**Designated Roth Contribution:** Please deduct from my eligible compensation (i.e., wages or salary) on an after-tax basis as a Roth contribution \$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period. My Employer agrees to contribute this amount on my behalf to the Plan.

**Catch-up Pretax Contribution:** \*Please deduct from my eligible compensation (i.e., wages or salary) on a pretax basis \$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period. My Employer agrees to contribute this amount on my behalf to the Plan.

**Catch-up Roth Contribution:** \*Please deduct from my eligible compensation (i.e., wages or salary) on an after-tax basis as a Roth \$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period. My Employer agrees to contribute this amount on my behalf to the Plan.

**\*Note: Participants who are age 50 or older are allowed to make additional catch-up contributions after contributing the maximum permitted as an elective deferral contribution.**

B. I understand that I may change the amount deducted from my eligible compensation or stop contributions at any time as permitted under the terms of the Nazarene 403(b) Plan by filing a written notice of change with my Employer.

C. I understand that any amounts deducted from my eligible compensation may not exceed the annual IRS limits. Maximum contribution limit information may be found on the NBUSA website. I further understand that if I am a participant in another retirement plan, such as 403(b), SIMPLE IRA, 401(k), or SEP plan, those salary reduction contributions must be combined with the Nazarene 403(b) plan contributions and may not exceed the IRS limits for the tax year. I acknowledge I am responsible for monitoring my total contributions because exceeding the legal limit will impact my account balance and also has tax consequences.

D. I understand that my contribution will start as soon as administratively possible, as permitted under the Plan.

### 3. PARTICIPANT SIGNATURE

I agree to the terms stated in this Agreement form and the Plan. I understand this Agreement will remain in effect as long as I am eligible to participate in the Plan or until I complete and submit a new Agreement.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. EMPLOYER INFORMATION

Name of Current Employer \_\_\_\_\_

Contact Name\* \_\_\_\_\_ Division Name (optional) \_\_\_\_\_

Employer Mailing Address \_\_\_\_\_

Employer Location Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Employer Email \_\_\_\_\_

\*The contact and authorized signer for this Agreement must be an authorized signer of a participating employer. In the case of a local Church of the Nazarene, that would typically be the Church Board Treasurer or Secretary. In the case of a self-employed Minister who is not an employee of a local Church of the Nazarene, the signer would be the self-employed Minister.

### 5. EMPLOYER RESPONSE AND SIGNATURE

The Employer hereby agrees to the terms stated in this Agreement and the Plan. The Employer further agrees to remit any deductions from eligible compensation to the plan as soon as administratively possible, but in no case later than fifteen (15) business days following the end of the month in which the amount would have otherwise been paid.

#### Employer Contribution

The Employer elects to contribute an amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of the Participant's salary

per pay period  other \_\_\_\_\_ to his or her Nazarene 403(b) Plan account.

#### Employer Match

The Employer elects to match the Participant's elective deferral up to \$ \_\_\_\_\_ or \_\_\_\_\_ % of the Participant's salary  per pay period  other: \_\_\_\_\_ to his/her Nazarene 403(b) plan account.

By signing this agreement, the Employer elects to adopt the provisions of the Plan and agrees to comply with all applicable Plan terms as provided in the Plan document.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

### 6. CHURCH TREASURER INFORMATION

This section is used to request access to Fidelity's Simplified Contribution Platform (SCP) for the purpose of submitting or viewing plan contributions.

First Name \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Last Name \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Please return completed and signed form to NBUSA.



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