

**ELCA Master  
Institutional  
Retirement Plan**

# EASY ENROLLMENT

MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

## 1 ENTER YOUR PERSONAL INFORMATION (Please print legibly.)

NAME (FIRST, MIDDLE INITIAL, LAST)	( )	-	-
ADDRESS	DAYTIME PHONE	SOCIAL SECURITY NUMBER	
DATE OF BIRTH (MM/DD/YYYY)	CITY	STATE	ZIP CODE
MARITAL STATUS			

## 2 CHOOSE HOW MUCH YOU WANT TO SAVE

This is a (check  one)

- New enrollment<sup>1, 2</sup>       Change contribution rate<sup>1</sup>

I want to contribute \_\_\_\_\_ percent or \$\_\_\_\_\_ each pay period.

- NOTES
1. The Internal Revenue Service sets annual limits for retirement plan contributions. Refer to the summary plan description for the retirement plan or [www.benefitsweb.com/elca.html](http://www.benefitsweb.com/elca.html) for more information.
  2. When a new account is set up (which could take up to three payroll periods), a personal identification number (PIN) will be sent to you. Use this PIN to access your account online or by phone. Contributions deposited into your account initially will be invested in the ELCA 60e Balanced Fund. You can move your account balance or future contributions into any other ELCA investment fund(s) (i.e., reallocate your account) once your account is activated.

## 3 SIGN AND DATE THIS FORM

I agree to participate in the ELCA Master Institutional Retirement Plan as indicated on this form. I understand that it can take up to three payroll periods for my contributions to begin and that it is my responsibility to notify my payroll department if contributions are not being taken from my paycheck. If I need additional information, I know I can contact my employer or call the Service Center at (888) 771-4015.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (REQUIRED)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

### Return this completed form to:

Attn: ACS HR Solutions  
ELCA Master Institutional Retirement Plan  
P.O. Box 1014  
Totowa, NJ 07511-1014

(888) 771-4015  
Fax: (973) 837-3330

