

## 1 PARTICIPANT INFORMATION

Male  Female
 

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 Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

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 Physical Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 Mailing Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**MARITAL STATUS**  
*If married, complete spouse information below.*

Married  Single

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 Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**ELIGIBILITY STATUS**  
*Participation requires AG ministerial credentials or AG ministry employment. Enrollees over age 70 receiving district contributions only are not eligible.*

AG Employee  AG Credentialed Minister Number \_\_\_\_\_

**COMMUNICATION PREFERENCES**

- I would like you to contact me about rolling over my other retirement plans into this 403(b).
- I would like to receive e-statements instead of paper statements.
- I would like to receive periodic reminders to increase my contributions.
- I would like to receive financial updates and other information by email.

## 2 EMPLOYMENT INFORMATION

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 Employer Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

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 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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INVESTMENT ELECTIONS

Select one track and if applicable, select a strategy within that track. Investment elections must be in increments of 1%. Contributions are posted three times a week and invested according to your most recent election on file. If no selection is indicated, the default investment is Track 1: MBA Income Fund. Fund prospectuses are available at agfinancial.org/prospectus or by calling 800.622.7526. If the total allocation does not equal 100%, the remainder will be allocated to the MBA Income Fund.

TRACK 1: MBA INCOME FUND

The MBA Income Fund pays a fixed rate that is declared quarterly with interest compounding monthly. Its primary investments consist of loans to churches.

TRACK 2: INDIVIDUAL INVESTMENTS

This track allows you to blend the MBA Income Fund with a bond fund or stock strategy.

Table with 2 columns: Investment Fund Name and Percentage. Rows include MBA Income Fund (100% Fixed), Steward Select Bond Fund (100% Bonds), Steward Diversified Equity Strategy (100% Stocks), Steward Global Equity Income Fund (100% Stocks), Steward Large Cap Enhanced Index Fund (100% Stocks), Steward International Enhanced Index Fund (100% Stocks), Steward Small-Mid Cap Enhanced Index Fund (100% Stocks), and a TOTAL row with 100%.

TRACK 3: TARGET-DATE STRATEGIES

This track allows you to select a strategy based on your retirement target date. These fully-screened strategies automatically become more conservative as the target date approaches.

- Steward 2020 Strategy
Steward 2030 Strategy
Steward 2040 Strategy
Steward 2050 Strategy

TRACK 4: RISK-BASED STRATEGIES

Pre-mixed strategies based on levels of risk tolerance create a diversified portfolio with one investment choice. Steward strategies offer a fully-screened enhanced index investment approach. Russell strategies offer a non-screened active manager 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)
Russell LifePoints® Moderate Strategy Fund (40% Stocks/60% Bonds)
Russell LifePoints® Balanced Strategy Fund (60% Stocks/40% Bonds)
Russell LifePoints® Growth Strategy Fund (80% Stocks/20% Bonds)
Russell LifePoints® Equity Growth Strategy Fund (100% Stocks)

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**BENEFICIARY DESIGNATIONS**

According to the Plan, if married, your spouse will be your sole primary beneficiary regardless of the designation below unless spousal consent is provided for alternate beneficiaries. If you list a trust as your beneficiary, you or your representative agree to provide a copy of the trust document and all amendments or furnish required certifications in a timely fashion. Consult appropriate tax and/or legal counsel regarding your individual circumstances.

The following individuals or entities shall be my primary and/or contingent beneficiaries. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiaries shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check Per Stirpes. If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach, sign, and date a separate sheet and provide the required information as indicated below.

**BENEFICIARY 1**

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone		Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address			City	State      Zip

**BENEFICIARY 2**

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone		Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address			City	State      Zip

**BENEFICIARY 3**

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone		Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address			City	State      Zip

**BENEFICIARY 4**

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone		Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address			City	State      Zip

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**CERTIFICATIONS AND SIGNATURES**

By signing below, I hereby certify that I have received and read the MBA 403(b) Retirement Plan document and materials, and want to enroll in the Plan. I agree to promptly notify MBA if there is any change in the status of any primary or contingent beneficiary. I understand that if I fail to provide adequate identifying information for my beneficiaries and MBA is unable to locate them after due diligence, my account will be paid according to the Plan document.

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Participant Signature	Printed Name	Date
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**SPOUSAL CONSENT IF APPLICABLE**

*If you are married and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If Spousal Consent is signed, then either notarization or witness by an AG Financial Solutions representative is required.*

I am the spouse of the above-named participant. I acknowledge that I have received a fair and reasonable disclosure of my spouse's assets in the Plan. Because of the important tax consequences of giving up my interest in this retirement account, I have been advised to see a tax professional. I hereby give the participant my interest in the assets in the Plan and consent to the beneficiary designation indicated above. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed. I assume full responsibility for any adverse consequences that may result.

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Spouse Signature	Printed Name	Date
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State of                    )  
                                   ) SS  
 County of                )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)	OR	_____ Notary Public
My Commission Expires:		_____ AGFS Witness/Title

**IMPORTANT INFORMATION**

Contributions are intended to stay in the plan until death, disability, or retirement. The Internal Revenue Service (IRS) and the MBA 403(b) Retirement Plan (Plan) have restrictions on when distributions can be taken. To receive a distribution from your elective deferrals and employer contributions, you must meet a distributable event as defined by the IRS and the Plan.

Severance from all AG ministry employment is an additional distributable event for lay staff but not for AG credentialed ministers. Credentialed AG ministers must be age 59½ or disabled as definable by the IRS in order to take a distribution of most contribution types.

**NOTICE OF SPECIAL CHURCH PLAN SECURITIES LAW EXEMPTION:** The MBA 403(b)(9) Retirement Plan and the MBA Non-Qualified Deferred Compensation Plan or any company or account maintained to manage or hold assets of these plans and interests in such plans, companies, or accounts (including any fund maintained by these plans) are not subject to registration, regulations, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, Title 15 of the United States Code, or State securities laws. Therefore, plan participants and beneficiaries will not be afforded the protection of these provisions.