

## 1 PARTICIPANT INFORMATION

Full Legal Name

Full Social Security Number or Alternate Account Number

## 2 EMPLOYER INFORMATION

Employer Name

Address

City

State

Zip

Phone Number

Email Address

### EMPLOYEE TYPE

- W-2 Employee or Credentialed Minister  
 W-2 AG Credentialed Minister (Non AG-Employer)

- 1099-NEC AG Credentialed Minister

## 3 CONTRIBUTION INFORMATION

*If requesting recurring monthly contributions, minimum monthly contribution amount is \$50. Contributions are processed on the 10th or 20th of every month or the first business day thereafter. If establishing a new EFT, this form must be received by the first day of the month. All changes must be received five (5) business days prior to your next scheduled EFT contribution.*

Amount \$ \_\_\_\_\_

### ONE-TIME CONTRIBUTION

- Check made payable to MBA  
 Transfer from AGFinancial Demand Certificate  
 # \_\_\_\_\_

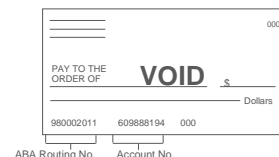
### RECURRING MONTHLY CONTRIBUTION

- 10<sup>th</sup> of month (Complete Authorization Agreement below)  
 20<sup>th</sup> of month (Complete Authorization Agreement below)

### AUTHORIZATION AGREEMENT

This will authorize AGFinancial to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account indicated and to further authorize AGFinancial to invest the amount indicated in the specified investment. This authorization is to remain in force until AGFinancial has received written notice of its termination in such time and in such manner as to afford AGFinancial and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your contract. This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to your AGFinancial 403(b) Retirement Plan account.

- New EFT Authorization  
 Change current EFT Authorization  
 Cancel current EFT Authorization



Attach here.

Name(s) As On Your Bank Account

Checking

Savings

Bank Account Number

Bank ABA Number (Located in bottom left corner of check.)

Bank Name (Please print)

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## CERTIFICATIONS AND SIGNATURES

### PARTICIPANT CERTIFICATIONS

I certify and agree to the following:

- If a 1099-NEC AG Credentialed Minister, I certify that I am an independent contractor performing services in the exercise of ministry, and that I have ministry related income.
- I will promptly notify AGFinancial when I am no longer eligible to make this after-tax contribution.
- I have includible compensation in AG or other approved ministry for this contribution.
- Upon termination of my employment with my employer, or upon employer notification to AGFinancial if my employer no longer allows traditional after-tax contributions, any EFT authorization for monthly recurring contributions established will automatically be revoked and terminated. I further understand and agree that any contributions that may be received after termination of employment or disallowance of the contribution type by my employer will be rejected and returned to my bank account.

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Participant Signature

Printed Name

Date

### EMPLOYER CERTIFICATIONS IF APPLICABLE

*Authorized Employer Representative signature required if W-2 Employee.*

As an authorized representative of the above-named employer or organization, I certify and agree to the following:

- The employer's existing written plan provisions, if applicable, allow for traditional after-tax contributions and that the above-named employee may make this contribution.
- The employee will not be exceeding the current contribution limits as outlined by the Internal Revenue Service.
- The employer will promptly notify AGFinancial when this employee is no longer eligible to make this after-tax contribution.

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Authorized Employer Representative Signature

Printed Name and Title of Employer Representative

Date

## IMPORTANT INFORMATION

- The employer is responsible for ensuring contributions are timely, within Internal Revenue Service and Plan rules, and in accordance with the employer's adoption agreement. See the AGFinancial Retirement Plan Contributions Acceptance Policy at [agfinancial.org/acceptance](http://agfinancial.org/acceptance).
- The Internal Revenue Service and the AG 403(b) Retirement Plan rules restrict when amounts contributed to retirement accounts may be distributed. Contributions may be submitted online at [secure.agfinancial.org](http://secure.agfinancial.org).
- Distributions from these traditional after-tax funds within one year of the contribution will be assessed a \$250.00 fee.
- If contributions are rejected because of insufficient funds in your bank account or inaccurate banking information, this authorization may be revoked, and a \$25 insufficient funds fee will be charged.
- This form must be renewed annually if the participant is making automatic contributions; otherwise it must accompany every contribution made on an after-tax basis with personal funds.