



**Participant Enrollment
403(b) Plan**

The Christian and Missionary Alliance Retirement Plan

95803-01

Participant Information

_____	_____	_____
Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		

Mailing Address		
_____	_____	_____
City	State	Zip Code
()	()	
_____	_____	
Home Phone	Work Phone	

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement?* Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Social Security Number

E-Mail Address

Married Unmarried Female Male

Mo	Day	Year	Mo	Day	Year
_____	_____	_____	_____	_____	_____
Date of Birth			Date of Hire		

Payroll Information

- I elect to contribute \$ _____ or _____% (up to \$19,000.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____% (up to \$19,000.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____

Mo Day Year

Payroll Center Name

Payroll Center Number

Division Name

Division Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION

NAME	TICKER CODE	%
Alliance Development Fund.....	N/A CMAADF	_____
PGIM High-Yield R6.....	PHYQX PHYQX	_____
PGIM Total Return Bond Z.....	PDBZX PDBZX	_____
Templeton Global Bond R6.....	FBNRX FBNRX	_____
American Century Growth R6.....	AGRDX AGRDX	_____
Invesco Growth and Income R6.....	GIFFX GIFFX	_____
Steward Large Cap Enhanced Index Inst.....	SEECX SEECX	_____
Vanguard Mid Cap Index Ins.....	VMCIX VMCIX	_____

INVESTMENT OPTION

NAME	TICKER CODE	%
TIAA-CREF Lifecycle Index Ret Inc Inst.....	TRILX TRILX	_____
TIAA-CREF Lifecycle Index 2010 Instl.....	TLTIX TLTIX	_____
TIAA-CREF Lifecycle Index 2015 Instl.....	TLFIX TLFIX	_____
TIAA-CREF Lifecycle Index 2020 Instl.....	TLWIX TLWIX	_____
TIAA-CREF Lifecycle Index 2025 Instl.....	TLQIX TLQIX	_____
TIAA-CREF Lifecycle Index 2030 Instl.....	TLHIX TLHIX	_____
TIAA-CREF Lifecycle Index 2035 Instl.....	TLYIX TLYIX	_____
TIAA-CREF Lifecycle Index 2040 Instl.....	TLZIX TLZIX	_____

Last Name

First Name

M.I.

Social Security Number

Number

INVESTMENT OPTION

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
Columbia Small Cap Value II Instl 2.....	CRRRX	CRRRX	TIAA-CREF Lifecycle Index 2045 Instl.....	TLXIX	TLXIX
Principal SmallCap Growth I Instl.....	PGRTX	PGRTX	TIAA-CREF Lifecycle Index 2050 Instl.....	TLLIX	TLLIX
Steward Small-Mid Cap Enhanced Idx Inst.....	SCECX	SCECX	TIAA-CREF Lifecycle Index 2055 Instl.....	TTIIX	TTIIX
Cohen & Steers Instl Realty Shares.....	CSRIX	CSRIX	TIAA-CREF Lifecycle Index 2060 Instl.....	TVIIX	TVIIX
American Funds EuroPacific Gr R6.....	REGX	REGX	Vanguard Materials Index Adm.....	VMIAX	VMIAX
Oppenheimer Developing Markets I.....	ODVIX	ODVIX	Vanguard Institutional Index I.....	VINIX	VINIX
MUST INDICATE WHOLE PERCENTAGES					= 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

#2 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

Contingent Beneficiary

#1 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

#2 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

Spousal Consent for Beneficiary Designation

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant’s name and participant spouse’s name. The notary forms not containing this information will be rejected and it will delay this request.

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

 Spouse's Signature

 Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Statement of Notary

NOTE: Notary seal must be visible, if applicable.

State of _____) The consent to this request was subscribed and sworn to (or affirmed) before me on this _____ day
) ss. of _____, year _____, by _____ (name of spouse)
 County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

SEAL

Notary Public _____ My commission expires _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response

Last Name_____
First Name_____
M.I._____
Social Security Number_____
Number

System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Plan Administrator forward to Service Provider at:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-866-467-7756

Fax #: 1-866-745-5766

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.