COMPLETING YOUR ENROLLMENT FORM

THE ALLIANCE 403(B) RETIREMENT PLAN

Thank you for enrolling in the Alliance Retirement Plan!

Please complete the attached enrollment form and give it to your employer. They will send it to Alliance Benefits with any other required documents. Please do not send this form directly to Empower Retirement.

TIPS FOR COMPLETING YOUR FORM

1. In the Payroll Information section, select either the Before Tax or Roth (after-tax) option. Please discuss your choice with your employer so they can withhold and report your contributions correctly.
2. Write in the desired percentage or flat dollar amount you would like withheld from your pay period.
    - You should not include the employer's contributions to this form.
    - Your gross pay, including housing allowance, will be used to calculate the contribution percentage.
3. Leave blank the Payroll and Division Center name and number. Alliance Benefits will fill this in for you.
4. Choose your investment options on page 1-2. Leaving this blank will enroll you in the default option for your age range, a TIAA-CREF Lifecycle Target Date Fund. This fund is a managed portfolio designed to grow more conservative as retirement approaches.
5. If you would like professional advice on your investment options, please call our consultants, Strategic Financial Partners. Leave a message at (866) 963-1843, and your call will be returned as soon as possible, generally within two business days. There is no additional charge to you for this service.
6. If you are married and name your spouse as Primary Beneficiary 100% on page 2, you may leave blank the Spousal Consent on page 3.
7. Sign as the Participant on page 4. Alliance Benefits will sign as the Plan Administrator.
8. Keep a copy of this form for your records. Review your paystub and Empower Retirement account regularly; ask your employer or Alliance Benefits if you have questions about the amounts.
9. When you have a pay increase, please check with your employer to be sure they report your new 403(b) contribution amounts to Alliance Benefits.

We appreciate your time in completing this form. If you have further questions, feel free to contact us here at Alliance Benefits. We are happy to help.

ALLIANCE BENEFITS
Compassion, Integrity, Respect.

Participant Enrollment
403(b) Plan

The Christian and Missionary Alliance Retirement Plan 95803-01

Participant Information

Last Name	First Name	MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Mailing Address

E-Mail Address

City State Zip Code

❑ Married ❑ Unmarried ❑ Female ❑ Male

( ) Home Phone ( ) Work Phone

Mo Day Year — Date of Birth

Mo Day Year — Date of Hire

❑ 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.

Payroll Information

❑ I elect to contribute $_____________ or ________% (do not complete both) (up to $19,500.00 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 ________% (do not complete both) (up to $19,500.00 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.

❑ I elect to make a voluntary after-tax contribution of $_________________________ or _____________% (do not complete both) per pay period of my compensation 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	____
Columbia Dividend Income Adv	CVIRX	CVIRX	____
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	____

INVESTMENT OPTION

NAME	TICKER	CODE	%
American Funds EuroPacific Gr R6	RERGX	RERGX	____
Invesco Oppenheimer Developing Mrkts R6	ODVIX	ODVIX	____
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	____

95803-01				
Last Name	First Name	M.I.	Social Security Number	Number

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	**TICKER**	**CODE**	**%**	**NAME**	**TICKER**	**CODE**	**%**
Steward Large Cap Enhanced Index Inst.	**SEECX**	**SEECX**	_____	TIAA-CREF Lifecycle Index 2025 Instl.	**TLQIX**	**TLQIX**	_____
Vanguard Institutional Index I	**VINIX**	**VINIX**	_____	TIAA-CREF Lifecycle Index 2030 Instl.	**TLHIX**	**TLHIX**	_____
Vanguard Mid Cap Index Ins.	**VMCIX**	**VMCIX**	_____	TIAA-CREF Lifecycle Index 2035 Instl.	**TLYIX**	**TLYIX**	_____
Columbia Small Cap Value II Instl 2	**CRRRX**	**CRRRX**	_____	TIAA-CREF Lifecycle Index 2040 Instl.	**TLZIX**	**TLZIX**	_____
Principal SmallCap Growth I Instl.	**PGRTX**	**PGRTX**	_____	TIAA-CREF Lifecycle Index 2045 Instl.	**TLXIX**	**TLXIX**	_____
Steward Small-Mid Cap Enhanced Idx Inst.	**SCECX**	**SCECX**	_____	TIAA-CREF Lifecycle Index 2050 Instl.	**TLLIX**	**TLLIX**	_____
Cohen & Steers Instl Realty Shares	**CSRIX**	**CSRIX**	_____	TIAA-CREF Lifecycle Index 2055 Instl.	**TTIIX**	**TTIIX**	_____
Vanguard Materials Index Adm.	**VMIAX**	**VMIAX**	_____	TIAA-CREF Lifecycle Index 2060 Instl.	**TVIIX**	**TVIIX**	_____
				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

( ) ____________

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other

#2 ____________ .

% of Account Balance | Social Security Number | Primary Beneficiary Name | Date of Birth

( ) ____________

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other

Contingent Beneficiary

#1 ____________ .

% of Account Balance | Social Security Number | Contingent Beneficiary Name | Date of Birth

( ) ____________

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other

#2 ____________ .

% of Account Balance | Social Security Number | Contingent Beneficiary Name | Date of Birth

( ) ____________

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other

Spousal Consent for Beneficiary Designation

<u>**For Residents of all states (except California),**</u> 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

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