



Participant Enrollment 403(b) Plan

The Christian and Missionary Alliance Retirement Plan

95803-01

Participant Information

Last Name		First Name		MI
Mailing Address				
City		State	Zip Code	
() ()	() ()			
Home Phone		Work Phone		

Social Security Number					
E-Mail Address					
<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Mo	Day	Year	Mo	Day	Year
Date of Birth			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 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to your Plan's provisions.

Payroll Information

- I elect to contribute \$ _____ or _____ % (up to \$18,500.00 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 _____ % (up to \$18,500.00 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.

Payroll Effective Date: _____
Mo Day Year

Payroll Center Name
Division Name

Payroll Center Number
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	_____
Prudential High-Yield Q.....	PHYQX	PHYQX	_____
Prudential Total Return Bond Z.....	PDBZX	PDBZX	_____
Templeton Global Bond R6.....	FBNRX	FBNRX	_____
American Century Growth R6.....	AGRDY	AGRDY	_____
Invesco Growth and Income R6.....	GIFFX	GIFFX	_____
Steward Large Cap Enhanced Index Inst.....	SEECX	SEECX	_____
AMG Managers Fairpointe Mid Cap I.....	ABMIX	ABMIX	_____
JPMorgan Mid Cap Value L.....	FLMVX	FLMVX	_____
Columbia Small Cap Value II Instl 2.....	CRRRX	CRRRX	_____
Principal SmallCap Growth I Instl.....	PGRTX	PGRTX	_____

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	_____
TIAA-CREF Lifecycle Index 2045 Instl.....	TLXIX	TLXIX	_____
TIAA-CREF Lifecycle Index 2050 Instl.....	TLLIX	TLLIX	_____
TIAA-CREF Lifecycle Index 2055 Instl.....	TTIIX	TTIIX	_____

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

INVESTMENT OPTION

NAME	TICKER CODE	%
Steward Small-Mid Cap Enhanced Idx Inst.....	SCECX SCECX	_____
Cohen & Steers Instl Realty Shares.....	CSRIX CSRIX	_____
American Funds EuroPacific Gr R6.....	RERGX RERGX	_____
Oppenheimer Developing Markets I.....	ODVIX ODVIX	_____

NAME	TICKER CODE	%
TIAA-CREF Lifecycle Index 2060 Instl.....	TVIIX TVIIX	_____
Vanguard Materials Index Adm.....	VMIAX VMIAX	_____
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		

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

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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