



EASY ENROLL FORM

403(b) RETIREMENT PLAN

For AG Ministers who will receive District Contributions Only

Please enroll me in the 403(b) Retirement Plan

Please print clearly

Full Legal Name: _____

SS#: _____ Date of Birth: _____ Male Female

AG Credentialed Minister Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Spouse Name (if married): _____ Spouse Date of Birth: _____

E-mail Address: _____ Phone: _____

I would like to receive E-statements and financial updates. I understand that a paper statement will not be mailed.

Please contact me about making payroll deductions or getting employer-paid contributions to this account.

- Preferred contact method: (check one): Phone E-mail

Please contact me about consolidating my other retirement plans.

- Preferred contact method: (check one): Phone E-mail

District Contributions:

I understand that I am enrolling to receive the 403(b) benefit provided by my AG District Office.
(Only AG ministers under 70 years of age may enroll to receive District contributions.)

I elect that:

- Contributions will be invested in the MBA Fixed Income Fund.
- Beneficiaries will be designated according to the 403(b) Retirement Plan document.

Information on the Plan document and available investments is available at www.AGFinancial.org/retirement. You have sole responsibility for your investment elections and are encouraged to review your available options. Investment elections and beneficiary designations may be changed at any time to fit your individual needs.

IRS and Plan rules restrict when amounts contributed to a 403(b) plan may be distributed. Please see the Plan document or contact us for more information.

Applicant Signature: _____ Date: _____

PLEASE SEND A COPY TO AG FINANCIAL AND RETAIN ORIGINAL FOR YOUR RECORDS.