



Fidelity Investments

Enrollment Form and Beneficiary Designation for the Evangelical Presbyterian Church 403(b)(9) Plan Account

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form if you are opening a new Fidelity 403(b)(9) account with Fidelity Investments.

Fees: Your account may be subject to a quarterly maintenance and/or recordkeeping fee.

Return this form one of three ways:

- Fax: (407) 930-4492
- Scan and email to: Benefits@epc.org
- Mail to: EPC Benefit Resources, Inc., 5850 TG Lee Boulevard, Suite 510, Orlando, FL 32822

Transfer from an existing Plan: If you are opening an account by transfer from an existing tax-sheltered annuity or 403(b)(9) and/or 403(b)(7) custodial account, please complete the Fidelity Transfer Form and forward it with this application.

Rollover Contribution: If you are making a rollover contribution to your Fidelity Investments 403(b)(9) and/or 403(b)(7) custodial account or an existing tax-sheltered annuity, please complete the Fidelity Rollover Form and forward it with your application and your check.

Questions? If you have questions regarding how to fill out this form, please call Evangelical Presbyterian Church at (407) 930-4492, Monday-Friday, 8:30 a.m. to 4:30 p.m. (ET). Please contact your employer or tax advisor to determine your maximum allowable contribution. Once your account is established, you will receive a Letter of Acceptance from Fidelity. At this point, your employer may forward contributions to your Fidelity account.

2. SELECTING YOUR INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options available for investment under your plan. Please ensure that your allocations total 100%, for example, 50% for your first, 30% for your second, and 20% for your third fund choice. If your percentages do not add up to 100% or you select an unavailable investment option, your contribution will be invested in an investment option according to your plan rules.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. The beneficiaries designated on this form will apply to all the plans named in Section 1. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity or your Church Administrator.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your (primary) beneficiary who survives you. If a percentage is indicated and a primary beneficiary does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving (primary) beneficiaries in proportion to the percentage selected for them.

4. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires you to designate that your spouse receive 100% of your vested account balance in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary (for 100% of your account balance as described above), your spouse must sign the Spousal Consent portion of this form in the presence of a notary public.

Age 35 Requirement: Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

5. AUTHORIZATION

Please provide your signature. Fidelity Investments Institutional Operations Company, Inc.



Fidelity Investments

Enrollment Form and Beneficiary Designation for the Evangelical Presbyterian Church 403(b)(9) Plan Account



1. YOUR INFORMATION

Please use a **black** pen and print clearly in CAPITAL LETTERS.

Social Security #: - - OR U.S. Tax ID #: -

Date of Birth: - - Date of Hire: - -

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip: -

Daytime Phone: - - Evening Phone: - -

Email Address:

Name of Church/Employer:

Name of Contact Person:

Plan Number: Employer Address:

Employer 5-Digit No.: Employer City/State/Zip:

2. SELECTING YOUR INVESTMENT OPTIONS

Investment option(s) election for Employee Contribution, Church Contribution, Age 50 Catch-Up, Rollover 403(b), Rollover 401(a), Rollover 457(b), Rollover After-Tax, Rollover IRA sources.

Please check here if you are selecting more than four investment options.

Investment Options		Please use whole percentages
Fund Code:	Fund Name:	Percentage:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
		Total = 100%

2. SELECTING YOUR INVESTMENT OPTIONS (CONTINUED)

Investment option(s) election for Roth Basic, Roth Catch-Up, Roth Rollover, Roth 457(b) sources.

Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:	Fund Name:	Percentage:

Total = 100%

3. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than three primary or three contingent beneficiaries.

The beneficiaries designated below shall apply to the plan number in Section 1. This designation will apply to the retirement plan of the employer named in Section 1, when Fidelity recordkeepers beneficiary designations.

I am: Single OR Married

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

<p>1. Individual: OR</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>Social Security Number: OR</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Date of Birth or Trust Date:</p> <div style="border: 1px solid black; width: 200px; height: 25px; margin-bottom: 5px;"> </div>	<p>Trust Name:</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>U.S. Tax ID Number: Percentage:</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Relationship to Applicant:</p> <p><input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other</p>
<p>If spouse is 100%, no additional primary beneficiaries can be listed.</p>	
<p>2. Individual: OR</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>Social Security Number: OR</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Date of Birth or Trust Date:</p> <div style="border: 1px solid black; width: 200px; height: 25px; margin-bottom: 5px;"> </div>	<p>Trust Name:</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>U.S. Tax ID Number: Percentage:</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Relationship to Applicant:</p> <p><input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other</p>
<p>3. Individual: OR</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>Social Security Number: OR</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Date of Birth or Trust Date:</p> <div style="border: 1px solid black; width: 200px; height: 25px; margin-bottom: 5px;"> </div>	<p>Trust Name:</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 5px;"> </div> <p>U.S. Tax ID Number: Percentage:</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin-bottom: 5px;"> </div> <p>Relationship to Applicant:</p> <p><input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other</p>
<p>Total = 100%</p>	

3. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual: _____ OR

Social Security Number: _____ OR

Date of Birth or Trust Date:

Trust Name:

U.S. Tax ID Number:

Percentage:

Relationship to Applicant:

Spouse **OR** Trust **OR** Other

2. Individual: _____ OR

Social Security Number: _____ OR

Date of Birth or Trust Date:

Trust Name:

U.S. Tax ID Number:

Percentage:

Relationship to Applicant:

Spouse **OR** Trust **OR** Other

3. Individual: _____ OR

Social Security Number: _____ OR

Date of Birth or Trust Date:

Trust Name:

U.S. Tax ID Number:

Percentage:

Relationship to Applicant:

Spouse **OR** Trust **OR** Other

4. Individual: _____ OR

Social Security Number: _____ OR

Date of Birth or Trust Date:

Trust Name:

U.S. Tax ID Number:

Percentage:

Relationship to Applicant:

Spouse **OR** Trust **OR** Other **Total = 100%**

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

4. SPOUSAL CONSENT

I am the spouse of the participant named in Section 1.

By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns attains 35 that my waiver of my spousal death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates form service with the employer sponsoring the retirement Plan. After that date, in order for another person to receive the death benefit that would be restored to me, I would then need to consent to a new beneficiary designation.

4. SPOUSAL CONSENT (CONTINUED)

Signature of Participant's Spouse:

Date:

X

□□-□□-□□□□

To be completed by a notary public:

Sworn before me this day □□-□□-□□□□

In the State of □□, County of □□□□

Notary Public Signature:

X

[Large empty box for notary stamp]

My Commission Expires:

□□-□□-□□□□

Notary stamp must be in the above box

5. AUTHORIZATION AND SIGNATURE

Individual Authorization:

By executing this form

- I certify under penalties of perjury that my Social Security or U.S. Tax Identification number in Section 1 on this form is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- I understand, if my account is established under a Fidelity Investments Section 403(b)(9) and/or 403(b)(7) Individual Custodial Account Agreement I hereby adopt the Fidelity Investments Section 403(b)(9) and 403(b)(7) Custodial Account ("The Program") and certify that I have received and read the Custodial Agreement. I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts. If my account is established under a Section 403(b) Group Custodial Agreement, I understand that my Employer and Fidelity Management Trust Company (FMTC) have executed a Fidelity Investments Section 403(b)(9) and 403(b)(7) Custodial Account Agreement (the "Program") and that an account under the Program has been established on my behalf.
- I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the Plan.
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**

Your Signature:

X

Date:

□□-□□-□□□□

Check this box if you are signing this form as an attorney-in-fact under a power of attorney.

FOR FIDELITY USE ONLY: PLAN#

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