

SAN DIEGO ROCK CHURCH 403(B) RETIREMENT PLAN (SDR)

Participant Information (Please Print)

Last _____ First _____ M.I. _____ SSN _____
 Street Address _____ Birthdate _____
 City _____ State _____ Zip _____ Hire Date _____ Rehire Date _____

eStatement Preference

By providing an email address, you are consenting to accept online delivery for your retirement account statement. An email will be sent to the email address listed below to notify you when materials are online and available for viewing. You must have access to email, the Internet, and a computer capable of viewing and downloading documents in PDF format (Adobe Acrobat Reader). You may always revoke your consent by logging into the website and selecting 'Opt Out'.

Email Address _____

Reason for Completing this Form

I want to: (Check all that apply)

- Enroll for deferral contributions (You must complete the Deferral Contribution Election section below and the Investment Election Form)
- Change my deferral contribution percentage (Complete the Deferral Contribution Election section below, enter -0- to discontinue contributions)
- Decline deferrals at this time (You should complete the Investment Election Form in case you ever receive a contribution on your behalf)

Deferral Contribution Election (Note: the pre-tax contribution must not exceed calendar year limits set by the IRS.)

I authorize my Employer to reduce the following amount per pay period of my compensation, as defined in the Plan, and contribute such amount on my behalf to the Plan.

I understand that this may change from time to time in accord with the Plan rules and that no withdrawals from my account may be made unless they meet the requirements of the Plan.

I elect to contribute: _____ % OR \$ _____ as a pre-tax salary deferral.

Primary Beneficiary(ies) (Note: If you are married at the date of death, your spouse will automatically be your primary beneficiary unless the spousal waiver section (below) has been signed by your spouse.) **Marital Status** (Single, Married, Divorced, or Separated): _____

Name _____	SSN _____	Relationship _____	_____ %
Name _____	SSN _____	Relationship _____	_____ %
Name _____	SSN _____	Relationship _____	_____ %

Contingent Beneficiary(ies)

Name _____	SSN _____	Relationship _____	_____ %
Name _____	SSN _____	Relationship _____	_____ %
Name _____	SSN _____	Relationship _____	_____ %
Name _____	SSN _____	Relationship _____	_____ %

Spousal Waiver

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Seal:

SPOUSE _____ Date _____

Plan Representative or Notary Public _____

Signature

By signing below I authorize my Employer to reduce my current compensation as defined in the plan each pay period by the percentage indicated above and to make a contribution to the plan on my behalf. I understand that this election will become effective as specified in the Plan and will remain in effect until I change or discontinue it by filing a new copy of this form. I further understand that the election will be made according to the plan provisions and may be reduced to comply with current IRS regulations. I am aware that prospectuses of the funds in my plan are available on the ABG Participant Website. I have been instructed to see my Benefits Administrator if I need assistance in obtaining a prospectus.

PARTICIPANT _____ Date _____

Plan Administrator's Receipt (required)

ACCEPTED BY _____ Date _____