BIC U.S. 403(b)(9) Plan Enrollment Form

Brethren in Christ FOUNDATION

A. **Employee and Employer Information**:

Name of Employee:_____ Social Security No.:_____

Address:_____ Date of Birth: _____

_____ Date of Hire: _____

Name of Employer:_____

Full time employee: Yes☐ No☐ Position/Title: _____

If not Full time, average number of hours worked per week: _____

Paid hourly or salary: _____

B. Your Authorization:

I understand the provisions of the Plan and elect to participate in the Plan through employee and/or employer contributions.

Date you would like the enrollment to be effective (cannot be retroactive): _____

Signature:_____ Date:_____

Once this form is completed, signed, and dated, please retain a copy for your records, send the original copy to your employer.