

BIC U.S. 403(b)(9) PLAN EMPLOYEE SALARY REDUCTION AGREEMENT

| Employee Information | | |
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| Employee: | Account Number: | |
| Address: | | |
| SSN: | Phone Number : | Email : |
| Birthdate: | Date Age 59 ½ : | Date Age 70 ½ : |
| Employer Name: | Trustee/Issuer : <u>General Conference Board of Brethren in Christ U.S.</u> | |
| Part A: Deferral Election | | |
| Please make one selection from the choices below. Multiple elections in this Part A require separate forms. | | |
| <input type="checkbox"/> 1 | I, the above-named Employee of the Employer, do not want to participate in Employee Elective Deferrals at this time. I understand that I may change this election by completing a new Salary Reduction Agreement prior to the next Change Date allowed by my Employer. (Proceed to Signature section.) | |
| <input type="checkbox"/> 2 | I, the above-named Employee of the Employer, hereby apply to participate in Employee Elective Deferrals, and enter into the following Salary Reduction Agreement. (Please complete the balance of this form.) | |
| Part B: Elective Deferrals | | |
| The undersigned Participant hereby directs the Employer to make the following payroll deductions if permitted in the underlying plan document, to be paid to and invested by the BIC Foundation. My Employer's administrative policies will determine when contribution instructions are implemented. I elect to defer the amounts by which my salary or wages are reduced to the Employer's 403(b) Plan as Elective Deferrals under the Plan, as follows: | | |
| <input type="checkbox"/> 1 | Pre-Tax Elective Deferrals <input type="checkbox"/> _____%; or <input type="checkbox"/> \$ _____ of my compensation (not to exceed _____%) per <input type="checkbox"/> pay period; <input type="checkbox"/> monthly; or <input type="checkbox"/> annually (Check with your Employer for available period options) | |
| Part C: Additional Contribution Elections | | |
| I am contributing more than the employee elective deferral limit under IRC Section 402(g), as indexed. (Check if applicable) | | |
| <input type="checkbox"/> 1 | I am contributing \$ _____ (maximum \$6,500 for 2022, indexed) under the age 50 and older catch up election. I am age _____ at end of current tax year. Additional Contribution Elections will be reduced from salary or wages at an equal amount per the frequency elected in Part B above. If Elective Deferrals do not reach the annual limit, then any amount in Part C (Additional Contribution Elections) will first be used to reach the annual Elective Deferral limit. The remaining amount, if any, will be considered additional age 50 and older catch up contributions not to exceed the annual maximum. | |
| Part D: Agreement | | |
| By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) custodial account(s) selected by Employee and authorized by the Employer. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees that this Agreement: | | |
| 1 | Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; however, is effective only for amounts not yet earned or made available. | |
| 2 | May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted. | |
| Employee further agrees that: | | |
| <ul style="list-style-type: none"> In conjunction with his/her Employer, he/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law. He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's maximum annual contribution limit. Employer has no liability for any losses suffered by Employee that result from his/her participation in the 403(b) plan. He/she acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior 403(b) salary reduction agreements and shall automatically terminate if employment with the Employer is terminated. | | |
| Part E: Important Information | | |
| 1 | In order to receive the expected tax results, Employees are responsible for investing in custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code. | |
| 2 | Employees are responsible for naming a death beneficiary under the 403(b) plan. This is normally done at the time the custodial account is established. Beneficiary designations should be reviewed periodically. | |
| 3 | Employers are responsible for all distributions and any other transactions with the BIC Foundation. All rights under the custodial accounts (unless a group arrangement) are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer (or their Designee) to approve any requested transaction by Employees. Employee must cooperate directly with the BIC Foundation, Employer, or their Designee, as directed by the Employer to transfer contract(s) or custodial account(s) to another Vendor, begin distributions, request loans, exchanges or otherwise access 403(b) plan assets. | |

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| 4 | Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. |
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| Part F: Signatures | |
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| I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch up election(s), if selected, under Part C above. I understand my responsibilities as an Employee under the 403(b) plan, and I request Employer to take the action specified in this Agreement. I understand that there may be excess contributions to my 403(b) if I own more than 50% ("control") of another business. In such event, the maximum contribution to all plans that I control and my 403(b) accounts or annuities for the year may not exceed IRC Section 415 limits, plus the age 50 catch-up limit, if applicable. I understand that my Employer is responsible for knowing that I may control another business and I understand that I must notify my Employer that I have control of another business to ensure that I have not exceeded this maximum amount of contribution. | |
| <input type="checkbox"/> | I control another consulting or other business or company. |
| I understand that all rights under the custodial accounts (unless a group arrangement) established by me under the 403(b) plan are enforceable solely by me, my beneficiary or my authorized representative. By signing this Agreement, I authorize the BIC Foundation, or their delegee to provide information on my Account to Employer or another Vendor if such information is necessary for compliance purposes or to effectuate such transactions as I may request. | |
| Signature of Employee | Date |
| Signature of Employer | Date |

Effective Date:

- ___ Make the effective date of this agreement the first day of the pay period following the date that I, the participant, have signed above.
- ___ Make the effective date of this agreement: ___/___/___ (Must be a future date)

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