



**Employer Contributions:**

The eligibility for employer contributions is described below. Please select only one option. **If you are a Non-Qualified Church-Controlled Organization, any employer contribution must satisfy the non-discrimination requirements under Code section 403(b).**

**Option I:** There shall be no employer contributions made to the Plan.

**Option II:** The employer will make discretionary employer contributions on behalf of the participants listed below in Section IV. (All employers selecting this option must complete Section IV of this form.)

**Option III:** A monthly employer contribution on behalf of employees who meet the eligibility criteria listed below equal to: (All employers selecting this option must complete the Eligibility Criteria below.)

**Employer contribution:** \_\_\_\_\_ (percent or amount)

**Employer match:** \_\_\_\_\_ (percent or amount)

**Eligibility Criteria:**                      Clergy                      Lay Employees

**Scheduled hours per year:**    At least 1,000            Other (if less than 1,000) \_\_\_\_\_

**Section IV – Eligible Participants/Contribution**

Complete this section if you permit salary deferrals or if you have completed Option II under Section III. If you allow all employees to make salary deferrals, insert "All Employees" below instead of listing each employee.

**Participant(s) Name:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

**Section V – Other 403(b) Vendor Relationships**

Please complete this section if you plan to contribute salary deferrals or employer contributions to other 403(b) plans.

Plan Vendor (403(b))	Participant's Name	Address of Plan Vendor	Contact Name and Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

**Employer Authorization**

**By signing below:**

- The employer certifies that it is a not-for-profit organization under Internal Revenue Code section 501(c)(3) and that it will notify The Church Pension Fund if its status changes.
- The employer acknowledges that it will make timely contributions in accordance with the final Internal Revenue Code section 403(b) regulations. If the employer is delinquent in remitting contributions, it will be the sole responsibility of the employer to remit the delinquent contributions and any lost earnings on those contributions to Fidelity. The employer acknowledges that it must remit contributions within the required time period even if no invoice or reminder notice is provided to the employer.
- The employer acknowledges that all contributions made to The Episcopal Church Retirement Savings Plan are immediately vested.
- The employer acknowledges that the responsibility for calculation and payment of the correct contribution amount and monitoring eligibility is not the responsibility of The Church Pension Fund, but solely that of the employer.
- The employer hereby authorizes The Church Pension Fund or its delegate to share participant information with the vendor(s) listed in Section V above in order to ensure compliance with Internal Revenue Code section 403(b). The employer acknowledges that monitoring the relationship of the above-referenced vendors, including the coordination of loan and contribution limits, is not the responsibility of The Church Pension Fund, but solely that of the employer. The employer hereby indemnifies and agrees to hold The Church Pension Fund and its affiliates, the benefit plans maintained by The Church Pension Fund and its affiliates, and all trustees, directors, officers, employees, agents, plan administrators, fiduciaries, representatives, participants, beneficiaries, successors, and assigns thereof harmless from any and all liability, damages, costs (including, without limitation, attorneys' fees and costs of investigations and defense), taxes, and penalties arising from violations of any such limits.
- The employer agrees to complete a new adoption agreement form on a timely basis if any changes are made to Sections I, II, III, IV, or V.
- If the employer has answered yes to questions 2 and 3 in Section II, the employer will be required to perform non-discrimination testing with respect to all employees of employers who are considered part of its controlled group and provide annual notices to eligible employees notifying them of their right to participate in the Plan.
- The employer acknowledges that it is enrolled in a separate Plan that is sponsored by The Church Pension Fund. Only The Church Pension Fund may amend the Plan (other than any amendment to the terms specified in this Adoption Agreement), and only The Church Pension Fund may designate the investment alternatives available under the Plan.

Employer Authorized Signature

Date

Print Name

Title

**Mail to:** The Church Pension Fund  
 Client Services  
 19 East 34th Street  
 New York, NY 10016

Please retain a copy for your records.

Notice of Classification (For CPG Use Only)			
QCCO:		NON QCCO:	
Division Code:		UEID:	
Party ID:		PSW ETE:	