

## EMPLOYEE APPLICATION INSTRUCTIONS

Please complete the attached Employee Application and return it to your employer. Completing this form accurately helps to ensure that funds will be properly allocated to your retirement account.

After your application has been processed, you will receive an Employee Enrollment Confirmation from the Plan Administrator.

### Employee Application For Membership

#### Section I

**Employer Name:** Full name of your employer  
**Employer Address:** Full address of your employer, including ZIP code

#### Section II

**Employee Name:** Your full name  
**Social Security #:** Your Social Security number must be provided in order to have your application processed. Your Social Security number will be used as your account identification number.  
**Employee Address:** Your full mailing address, including ZIP code  
**Annual Compensation:** Your annual base salary, excluding bonuses, incentives and overtime pay  
**Hire Date:** The date you began working for your employer  
**Birth Date:** Your date of birth  
**Sex:** Male or Female  
**Marital Status:** Married or Not Married  
**Phone Numbers:** Your business and home telephone numbers, including area code  
**Investment Options:** Your investment allocation; use whole percentages only; your total allocation must equal 100%  
**Employee's Signature and Date:** Your signature and the date you signed the application

#### Section III

**Employee Contribution:** Enter the percentage to be deducted from your pay; use whole percentages only

#### To Be Completed By Your Employer:

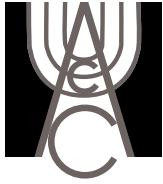
Please review the information included on this application before signing. You are responsible for verifying the accuracy of the information.

#### **Employer's Authorized Signature, Title and Date**

**Employee's Enrollment Date:** The first day of the month in which the employee will become an active participant in the Plan.

**Mail to: ACC Retirement Plan Coordinator, 35 Bay View Avenue, Quincy, MA 02169**  
**Please retain a copy for your records.**

*The information contained herein was provided by the employee and employer and is solely the responsibility of the sponsoring employer.*



# EMPLOYEE APPLICATION FOR MEMBERSHIP INITIAL ENROLLMENT

## Section I—Employer Information

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

## Section II—Employee (All information must be provided)

EMPLOYEE NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_

ANNUAL COMPENSATION: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: Not Married: \_\_\_\_\_ Married: \_\_\_\_\_

PHONE NUMBERS: Business: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

I hereby request the vested employer and employee contributions to the Plan be invested according to the investment election indicated below. I understand the elected percentages must be in increments of 1%, and that the percentages must add up to 100%. In addition, I understand that if I do not indicate which investment options that I would like to invest in, my contributions will be directed in total to the Plan default option, the Fidelity Freedom Funds.

<u>Investment Options</u>	<b>Please use whole percentages</b>
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
Fund Name: _____	Percentage: _____%
<b>Total:= 100%</b>	

## Section III—Election of Employee Contribution

I hereby elect to contribute to the American Conference of Cantors Pension, Insurance and Supplemental Retirement Plans based on the percentage indicated below.

I have received written information about the Plan and understand the general requirements of the Plan including the employee contribution election. I understand that this election will apply to all future salary received from my employer unless I amend the election.

I wish to contribute \_\_\_\_\_% of my salary to the Plan.

### Instructions to employee

This is a legal document; make all entries thoughtfully and clearly. Please be certain your Social Security number is correct since all contributions are maintained using this number. Be certain birth dates are correct; an error may delay your benefits. Complete the enclosed beneficiary designation form carefully to ensure that, upon your death, your account will be distributed in accordance with your wishes.

\_\_\_\_\_  
Employee's Signature Date

Employer, please examine the entries on this application before signing it to be sure it is complete and correct. You are verifying its accuracy.

\_\_\_\_\_  
Employer's Authorized Signature Title Date Effective the first day of (month/year)

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