

**1****PARTICIPANT INFORMATION**

Full Legal Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security Number
Physical Address (Required)	City	State	Zip	
Mailing Address (If different)	City	State	Zip	
Phone Number	Email Address			

**MARITAL STATUS***If married, complete spouse information below.*☐ Married ☐ Single

Spouse Name	Date of Birth	Social Security Number
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**COMMUNICATION PREFERENCES**

- ☐ Contact me about rolling over my other retirement plans into this 403(b) account.
- ☐ Send me eStatements instead of paper statements.
- ☐ Send me periodic reminders to increase my contributions.
- ☐ Send me financial updates and other information by email.

**2****ELIGIBILITY STATUS**

*Participation requires ministerial credentials or other ministry employment approved by the AGFinancial 403(b) Retirement Plan ("Plan"). Eligibility for persons receiving only AG district contributions is subject to any rules, procedures, and requirements established by AGFinancial.*

*MBA designates all Plan distributions to current or former credentialed ministers over 59½ or disabled as ministers' housing allowance with few exceptions. A credentialed minister is allowed to exclude from taxable income a housing allowance paid as retirement compensation to the extent that the amount paid is used to rent or otherwise provide the minister with a home (e.g., a primary residence). The amount paid must constitute compensation for past services performed as a credentialed minister. The burden of proof for housing eligibility lies with the minister.*

☐ Employee ☐ AG Credentialed Minister ☐ Non-AG Credentialed Minister**3****EMPLOYMENT INFORMATION**☐ AG Employer ☐ Non-AG Employer

Employer Name	Date of Hire		
Address	City	State	Zip

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## INVESTMENT ELECTIONS

Select one track and if applicable, select a strategy within that track. Investment elections must be in increments of 1%. Contributions are posted and invested according to your most recent election on file. If no selection is indicated, the default investment is Track 1: MBA Income Fund. Fund prospectuses are available at [agfinancial.org/prospectus](http://agfinancial.org/prospectus) or by calling 800.622.7526. If the total allocation does not equal 100%, the remainder will be allocated to the MBA Income Fund.

### ☐ TRACK 1: MBA INCOME FUND

The MBA Income Fund pays a fixed rate that is declared quarterly with interest compounding monthly. Your investment in this fund is used to provide loans to build churches and ministry facilities across the country.

### ☐ TRACK 2: RISK-BASED STRATEGIES

Pre-mixed strategies are based on levels of risk tolerance and create a diversified portfolio with one investment choice.

#### SCREENED INVESTMENTS

- ☐ Steward Conservative Strategy (20% Stocks/80% Bonds)
- ☐ Steward Moderate Strategy (40% Stocks/60% Bonds)
- ☐ Steward Balanced Strategy (60% Stocks/40% Bonds)
- ☐ Steward Aggressive Growth Strategy (80% Stocks/20% Bonds)
- ☐ Steward Diversified Equity Strategy (100% Stocks)

#### NON-SCREENED INVESTMENTS

- ☐ Fidelity Asset Manager® 40%
- ☐ Fidelity Asset Manager® 60%
- ☐ Fidelity Asset Manager® 85%

### ☐ TRACK 3: TARGET-DATE STRATEGIES

Target-date investments allow you to choose a strategy based on your targeted date of retirement. These screened strategies automatically adjust to become more conservative as your targeted date approaches.

- |  |  |
|--|--|
| <input type="checkbox"/> Steward 2020 Strategy | <input type="checkbox"/> Steward 2040 Strategy |
| <input type="checkbox"/> Steward 2030 Strategy | <input type="checkbox"/> Steward 2050 Strategy |

### ☐ TRACK 4: INDIVIDUAL INVESTMENTS

This track allows you to custom build your portfolio.

#### SCREENED INVESTMENTS

- \_\_\_\_ % MBA Income Fund
- \_\_\_\_ % Steward Select Bond Fund
- \_\_\_\_ % Steward Equity Market Neutral Fund
- \_\_\_\_ % Steward Global Equity Fund
- \_\_\_\_ % Steward Covered Call Income Fund
- \_\_\_\_ % Steward Large Cap Core Fund
- \_\_\_\_ % Steward Large Cap Growth Fund
- \_\_\_\_ % Steward Large Cap Value Fund
- \_\_\_\_ % Steward International Enhanced Index Fund
- \_\_\_\_ % Steward Values-Focused Large Cap Enhanced Index Fund
- \_\_\_\_ % Steward Values-Focused Small-Mid Cap Enhanced Index Fund
- \_\_\_\_ % Steward Diversified Equity Strategy

#### NON-SCREENED INVESTMENTS

- \_\_\_\_ % Fidelity® 500 Index Fund
- \_\_\_\_ % Fidelity® Small Cap Index Fund
- \_\_\_\_ % Fidelity® International Index Fund
- \_\_\_\_ % Fidelity® NASDAQ Composite Index Fund
- \_\_\_\_ % Vanguard Mid-Cap Index Fund
- \_\_\_\_ % Vanguard Total World Stock Index Fund
- \_\_\_\_ % Vanguard Total Bond Market Index Fund
- \_\_\_\_ % Vanguard Real Estate Index Fund
- \_\_\_\_ % JPMorgan Hedged Equity 3 Fund

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## BENEFICIARY DESIGNATIONS

According to the Plan, if married, your spouse must be listed below as your sole primary beneficiary unless spousal consent is provided for alternate beneficiaries. If you list a trust as your beneficiary, you or your representative agree to provide a copy of the trust document and all amendments or furnish required certifications in a timely fashion. Consult appropriate tax and/or legal counsel regarding your individual circumstances.

The following individuals or entities shall be my primary and/or contingent beneficiaries. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiaries shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check Per Stirpes. If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach, sign, and date a separate sheet and provide the required information as indicated below.

### BENEFICIARY 1

		<input type="checkbox"/>			%
Name of Individual or Institution		Per Stirpes	Social Security Number/TIN		Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
Address		City	State	Zip	

### BENEFICIARY 2

		<input type="checkbox"/>			%
Name of Individual or Institution		Per Stirpes	Social Security Number/TIN		Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
Address		City	State	Zip	

### BENEFICIARY 3

		<input type="checkbox"/>			%
Name of Individual or Institution		Per Stirpes	Social Security Number/TIN		Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
Address		City	State	Zip	

### BENEFICIARY 4

		<input type="checkbox"/>			%
Name of Individual or Institution		Per Stirpes	Social Security Number/TIN		Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
Address		City	State	Zip	

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## CERTIFICATIONS AND SIGNATURES

By signing below, I hereby certify that I have read the Plan document and materials and want to enroll in the Plan. I understand and agree that I am solely responsible for determining if I may be able to claim any distributions from the Plan as housing allowance. I agree to promptly notify AGFinancial if there is any change in the status of any primary or contingent beneficiary. I understand that if I fail to provide adequate identifying information for my beneficiaries and AGFinancial is unable to locate them after due diligence, my account will be paid according to the Plan document.

Participant Signature

Printed Name

Date

### SPOUSAL CONSENT IF APPLICABLE

*If you are married and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If Spousal Consent is signed, then either notarization or witness by an AGFinancial representative is required.*

I am the spouse of the above-named participant. I acknowledge that I have received a fair and reasonable disclosure of my spouse's assets in the Plan. Because of the important tax consequences of giving up my interest in this retirement account, I have been advised to see a tax professional. I hereby give the participant my interest in the assets in the Plan and consent to the beneficiary designation indicated above. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed. I assume full responsibility for any adverse consequences that may result.

Spouse Signature

Printed Name

Date

State of )  
County of ) SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

OR

Notary Public

My Commission Expires:

AGF Witness/Title

## IMPORTANT INFORMATION

Contributions are intended to stay in the plan until death, disability, or retirement. The Internal Revenue Service (IRS) and the Plan place restrictions on when distributions may be taken. To receive a distribution from your elective deferrals and employer contributions, you must meet a distributable event as defined by the IRS and the Plan.

Severance from employment with any and all Eligible Employers is an additional distributable event. Self-employed ministers or military chaplains and credential holders employed as ministers at non-AG employers must meet the definition of severance from employment as established by Plan policies for a distribution under this reason.

Administrative and investment services fees may be deducted from accounts. Separate transactions fees may also apply.

**NOTICE OF SPECIAL CHURCH PLAN SECURITIES LAW EXEMPTION:** The AGFinancial 403(b) Retirement Plan and the MBA Non-Qualified Deferred Compensation Rabbi Trust Plan or any company or account maintained to manage or hold assets of these plans and interests in such plans, companies, or accounts (including any fund maintained by these plans) are not subject to registration, regulations, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, Title 15 of the United States Code, or State securities laws.