



CONCORDIA PLANS
CRSP 403(b) Enrollment Form
for Part-Time Worker

This form should only be used to enroll a part-time worker in the Concordia Retirement Savings Plan (CRSP). Generally, “Part-time” for purposes of CRSP participation means normally working 20 hours or less a week. If a worker normally works more than 20 hours per week, he/she should be enrolled in the Concordia Plans as a full-time worker. Eligibility to participate in the CRSP generally is effective on the first day of the month following the hire date.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information					
Employer Name _____			Employer Number _____			
B	Participant Information					
<input type="checkbox"/> Rev. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Worker's Name (Last, First, Middle Initial) _____		Previous Last Name _____	<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Other: _____	
C	U.S. Social Security Number _____		Canada Social Insurance Number _____		D	
			Date of Birth (MM/DD/YYYY) _____		E	
					Sex	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
F	Worker's Address _____					
City _____		State _____		Zip Code _____		
Home Phone Number _____		Cell Phone Number _____		Country in Which You Hold Citizenship _____		
E-mail Address _____			Occupation _____			
G	<input type="checkbox"/> Single – Never Married <input type="checkbox"/> Married, Date _____ <input type="checkbox"/> Widowed, Date _____ <input type="checkbox"/> Divorced, Date _____ <input type="checkbox"/> Legally Separated, Date _____		H	Total Annual Salary		
		1	2/3		4	5
		Annual Cash Salary Paid Over 12-Month Period	Annual Amount for Housing if Home Provided (25% of Column 1) Cash Paid to Worker		Annual Cash Utility Allowance Paid to Worker	Total Compensation Columns 1-4
I	Date of Part-Time Hire (MM/DD/YYYY) _____		Scheduled Number of Hours Worked Per Week _____			
J	Under IRS 403(b) regulations, employers have administrative and compliance responsibilities that require the following information: <ul style="list-style-type: none"> • Have you contributed to any 403(b) providers other than the Concordia Retirement Savings Plan during the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list total amount contributed to any 403(b) provider(s) during the current calendar year (exclude Concordia Retirement Savings Plan contributions with current employer) \$ _____. • Do you have any outstanding 403(b) loans with the Concordia Retirement Savings Plan or another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need a payroll deductions set up to repay the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have you taken a 403(b) Hardship Withdrawal in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the date of the withdrawal? _____ <p>Note: Salary deferrals cannot begin until six months after the hardship withdrawal date.</p>					
K	Types of Contributions and Contribution Limits					
<ul style="list-style-type: none"> • Both pre-tax salary deferrals and after-tax Roth salary deferrals may be contributed to the Concordia Retirement Savings Plan. • You may elect to contribute to the CRSP on a pre-tax basis or after-tax Roth basis (or combination of pre-tax and Roth) up to the annual maximum allowed under the Internal Revenue Code. For the 2024 calendar year, the annual deferral maximum is \$23,000 or 100% of your base salary, whichever is less. • If you will be age 50 or older during the calendar year, you may elect an additional Catch-up contribution amount. For the 2024 calendar year, the maximum Age 50 Catch-up amount is \$7,500. 						

L Authorization for Regular Deferrals

Pre-Tax Deferrals	After-Tax Roth Deferrals
<p>Pre-Tax Contributions, which are withheld from my paycheck <i>before</i> taxes and contributed by my employer to the Concordia Retirement Savings Plan on my behalf to my pre-tax account:</p> <p><input type="checkbox"/> I hereby authorize my employer to deduct _____ % of my includible compensation per pay period as pre-tax contributions.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I hereby authorize my employer to deduct \$ _____ per pay period as pre-tax contributions.</p>	<p>After-Tax Roth Contributions, which are withheld from my paycheck <i>after</i> taxes and contributed by my employer to the Concordia Retirement Savings Plan on my behalf to my after-tax Roth account:</p> <p><input type="checkbox"/> I hereby authorize my employer to deduct _____ % of my includible compensation per pay period as after-tax Roth contributions.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I hereby authorize my employer to deduct \$ _____ per pay period as after-tax Roth contributions.</p>

Payroll Effective Date (MM/DD/YYYY): _____

M Age 50 Catch-Up Election

If your total deferrals in the current calendar year will exceed the annual deferral limit (\$22,500 in 2023), and you are or will be age 50 or older in 2023, you may make Age 50 Catch-up contributions to the CRSP (up to \$7,500 in 2023).

Check this box if the amount authorized in section L includes Age 50 Catch-up amounts

N Participant Signature

- The information entered is current and correct to the best of my knowledge.
- I understand and agree to the terms of this Enrollment Form and Salary Deferral Agreement and authorize the payroll deductions as indicated above. This Agreement shall apply to all includible compensation paid from the effective date specified, until cancelled, superseded, or I cease to be an eligible worker. This Agreement supersedes all previous agreements.
- I understand that I may change the percentage of wages or dollar amount contributed to the Concordia Retirement Savings Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.
- I have communicated my deferral eligibility to my employer, including any current year contributions to any other 401(k), 403(b), and SEP providers.

X _____
 Signature of Participant Date (MM/DD/YYYY)

Participant: Forward this form to your Payroll Department or Congregational Treasurer.

O Employer Representative Signature

I have reviewed this Enrollment Form/Salary Deferral Agreement and will take action necessary for IRS and CRSP compliance. I also understand the payroll deduction requirements of offering a pre-tax and after-tax Roth retirement savings plan and Automatic Contribution Arrangement, if applicable.

X _____
 Signature of Authorized Employer Representative Date

 Printed Name of Authorized Employer Representative Title or Office Held

 CRSP Contact at Employer Contact Email Address Contact Phone Number

Important Note for Employer Representative:

- Please return this form to Concordia Plan Services.
- Completion of this form will not start the remittance of contributions. For assistance on remitting contributions, please contact Concordia Plan Services.