

**CRSP Enrollment Form/Salary Deferral  
 Agreement for Part-Time Worker**

This form should only be used to enroll a part-time worker in the Concordia Retirement Savings Plan (CRSP). Part time for purposes of CRSP eligibility means normally working 20 hours or less a week. If a worker works more than 20 hours per week, he/she may be required to 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

<b>A Employer Information</b>					
<i>Please complete thoroughly. All information is required.</i>					
Employer Name _____			Employer Number _____		
Address _____					
City _____		State _____	Zip Code _____	Employer Fax Number _____	
CRSP Contact at Employer _____		Contact Email Address _____		Contact Phone Number _____	
<b>B Participant Information</b>					
<input type="checkbox"/> Rev. <input type="checkbox"/> Mrs.				<input type="checkbox"/> Junior <input type="checkbox"/> Senior	
<input type="checkbox"/> Dr. <input type="checkbox"/> Miss				<input type="checkbox"/> II <input type="checkbox"/> III	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Worker's Name (Last, First, Middle Initial) _____		Previous Last Name _____ <input type="checkbox"/> Other: _____	
<b>C</b>		<b>D</b>		<b>E Gender</b>	
U.S. Social Security Number _____		Canada Social Insurance Number _____		Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>F</b>					
Worker's Address _____					
City _____		State _____	Zip Code _____		
Home Phone Number _____		Cell Phone Number _____	Country in Which You Hold Citizenship _____		
E-mail Address _____			Occupation _____		
<b>G</b>		<b>H Total Annual Salary</b>			
<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 _____					
		<b>1</b>	<b>2/3</b>	<b>4</b>	
		Annual Cash Salary Paid Over 12-Month Period	Annual Amount for Housing if		Annual Cash Utility Allowance Paid to Worker
			Home Provided (25% of Column 1)	Cash Paid to Worker	
<b>I</b>					
Date of Part-Time Hire (MM/DD/YYYY) _____		Scheduled Number of Hours Worked Per Week _____			
<b>J Under IRS 403(b) regulations, employers have administrative and compliance responsibilities that require the following information:</b>					
<ul style="list-style-type: none"> <li>• Have you contributed to any 403(b) providers other than the Concordia Retirement Savings Plan during the 2016 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 2017 calendar year (exclude Concordia Retirement Savings Plan contributions with current employer) \$ _____.</li> <li>• If you have authorized contributions to any other 403(b) provider between 1/1/2005 and 12/31/2008, please list provider name(s):                      _____</li> <li>• 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 payroll deductions set up to repay the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 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? _____</li> </ul> <p><b>Note:</b> Salary deferrals cannot begin until six months after the hardship withdrawal date.</p>					

**K** **Types of Contributions and Contribution Limits**

- Both pre-tax contributions and after-tax Roth contributions may be deferred to the Concordia Retirement Savings Plan.
- You may contribute a combination of pre-tax contributions and after-tax Roth contributions up to the annual maximum under the Internal Revenue Code. Currently (in 2017) the annual maximum amount is \$18,000 or 100% of your base salary, whichever is less.
- However, if you will be age 50 or older this calendar year (or you have completed at least 15 or more years of service with entities associated with The Lutheran Church—Missouri Synod and elected to contribute Service Catch-up contributions prior to January 1, 2017), you are eligible to contribute more than the maximum shown above. If you wish to elect catch-up contributions, please complete the Salary Deferral Agreement form available at [ConcordiaPlans.org/CRSP](http://ConcordiaPlans.org/CRSP).
- If your employer implemented an Automatic Contribution Arrangement for its workers, you do not need to complete Section L of this form unless you wish to defer an amount which is different than the default automatic contribution amount your employer has elected. Please contact your employer or Concordia Plan Services for more information.

**L** **Authorization for Regular Deferrals**

Pre-Tax Deferrals	After-Tax Roth Deferrals
<p><b>Pre-Tax Contributions</b>, 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 wages per pay period as regular 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 regular pre-tax contributions.</p>	<p><b>After-Tax Roth Contributions</b>, 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 wages per pay period as regular after-tax Roth contributions.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I hereby authorize my employer to deduct \$ _____ pay period as regular after-tax Roth contributions.</p>

Payroll Effective Date (MM/DD/YYYY): \_\_\_\_\_

**M** **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 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.

**X** \_\_\_\_\_  
 Signature of Participant Date (MM/DD/YYYY)

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

**N** **Employer Representative Signature**

I have reviewed this Enrollment Form/Salary Deferral Agreement and will take action necessary for IRS and Plan 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

**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.