Concordia Plan Services
The Lutheran Church- Missouri Synod
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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) 403(b). Generally, "Part-time" for purposes of CRSP 403(b) 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 403(b) 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 Member Information

Title _____ Worker's Name (Last, First, Middle Initial) _____ Previous Last Name _____ Suffix _____ Other:_____

U.S. Social Security Number _____ Canada Social Insurance Number _____ Date of Birth(MM/DD/YYYY) _____ Gender _____

Worker's Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____ Country in Which You Hold Citizenship _____

Work E-mail _____ Occupation _____

Home E-mail _____

C Marital Status

- ☐ Single – Never Married
- ☐ Married, Date. . . . . _____
- ☐ Widowed, Date . . . _____
- ☐ Divorced, Date . . . _____
- ☐ Legally Separated, Date_____

Worker's Job Information

This worker is an/an:
- ☐ Hourly worker
- ☐ Salaried worker

Job designation:
- ☐ Faculty
- ☐ Non-Faculty

Pay frequency:
- ☐ Bi-Weekly(26)
- ☐ Monthly(12)
- ☐ Weekly (52)
- ☐ Semi-Monthly(24)

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D 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) Caculate 25%	Cash Paid to Worker	Annual Cash Utility Allowance Paid to Worker	Total Compensation Columns 1-4
				$ 0.00

E Worker Information

Date of Part-Time Hire (MM/DD/YYYY) _____

Scheduled Number of Hours Worked Per Week _____

F Types of Contributions and Contribution Limits

Under IRS 403(b) regulations, employers have administrative and compliance responsibilities that require the following information:

- Have you contributed to any 403(b) providers other than the Concordia Retirement Savings Plan 403(b) during the current calendar year?

  Yes ☐ No ☐

  If yes, please list the total amount contributed to any 403(b) provider(s) during the current calendar year (Exclude Concordia Retirement Savings Plan 403(b) contributions with current employer) $ _____

- Both pre-tax salary deferrals and after-tax Roth salary deferrals may be contributed to the Concordia Retirement Savings Plan 403(b).
- You may elect to contribute to the CRSP 403(b) 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 2026 calendar year, the annual deferral maximum is $24,500 or 100% of your base salary, whichever is less.
  - If you will be age 50-59, or age 64 or older during the calendar year, you may elect an additional Catch-up contribution amount. For the 2026 calendar year, the maximum contributions is $32,500.
  - If you will be age 60-63 during the calendar year, you may contribute $35,750.

G Authorization for Regular Deferrals

Pre-Tax Deferrals

Pre-Tax Contributions, which are withheld from my paycheck ***before*** taxes and contributed by my employer to the Concordia Retirement Savings Plan 403(b) on my behalf to my pre-tax account:

☐ I herby authorize my employer to deduct_____ % of my includible compensation per month as pre-tax contributions.

OR

☐ I herby authorize my employer to deduct $_____ per month as pre-tax contributions.

After-Tax Roth Deferrals

After-Tax Roth Contributions, which are withheld from my paycheck after taxes and contributed by my employer to the Concordia Retirement Savings Plan 403(b) on my behalf to my after-tax Roth account:

☐ I herby authorize my employer to deduct _____% of my includible compensation per month as after-tax Roth contributions

OR

☐ I herby authorize my employer to deduct $_____ per month as after-tax Roth contributions.

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

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H Age 50 Catch-Up Election

If your total deferrals in the current calendar year will exceed the annual deferral limit ($24,500 in 2026), and you are or will be age 50-59, or age 64 or older during the calendar year, you may make Age 50 Catch-up contributions to the CRSP (maximum $32,500 in 2026). If you will be age 60-63 during the calendar year, you may contribute up to $35,750.

Effective January 2026, workers age 50 and over with 2025 FICA wages over $150,000 (self-employment (SECA) wages are not subject to this requirement) who make catch-up contributions to the CRSP 403(b) must do so on a Roth (after-tax) basis. Standard contributions up to the IRS limit can be pre-tax or Roth.
Those not meeting these criteria, and rostered workers without FICA wages, are not affected.

☐ Check this box if the amount authorized in section G includes Age Catch-up amounts.

I Member 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 canceled, 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 403(b) at any time 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 Member | Date (MM/DD/YYYY)

J Employer Representative Signature

I have reviewed this Enrollment Form/Salary Deferral Agreement and will take action necessary for IRS and CRSP 403(b) 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 (MM/DD/YYYY)

_____

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 forward the completed form to Concordia Plan Services at 314-996-1127(fax) or Info@ConcordiaPlans.org
- Completion of this form will not start remittance of contributions. For assistance on remitting contributions, please contact Concordia Plan Services.