

**Nazarene 403(b) Retirement Savings Plan
PARTICIPATION AGREEMENT**

PARTICIPATING EMPLOYER INFORMATION

Legal Name of Participating Employer: _____

Employer Tax Identification Number: _____

Contact Name and Title*: _____

Employer Mailing Address: _____
(Street Address or PO Box etc., City, State, Zip Code)

Employer Location Address : _____
(Street Address, City, State, Zip Code)

Employer Telephone: _____ Fax: _____

Employer E-mail: _____

ELECTED PLAN PROVISIONS (Check one box for each of the three choices.)

- | | |
|------------------------------------|---|
| 1. The Participating Employer will | will not make contributions through salary reduction into the Plan. |
| 2. The Participating Employer will | will not make contributions through salary addition into the Plan. |
| 3. The Participating Employer will | will not make contributions through matching contributions into the Plan. |

REPRESENTATIONS BY PARTICIPATING EMPLOYER

1. The Participating Employer, by the execution of this Participation Agreement, does hereby adopt the terms and conditions of the Restatement of Nazarene 403(b) Retirement Savings Plan (the "Plan"), effective as of January 1, 2009, the terms of which as set out in its entirety on the Pensions and Benefits USA website <pbusa.org> are incorporated herein by reference.
2. The Participating Employer represents that the Participating Employer will be responsible for and monitor compliance with the provisions of the Plan and of Internal Revenue Service Regulations as to provisions of the Plan applicable to Participating Employers, including the provisions as to contribution limits as to Salary Reduction Contributions by Eligible Employees, including any Catch-up Limitations and Employer Contributions, if any, to the Plan for Eligible Employees, loans to Eligible Employees, Financial Hardship Distributions to Eligible Employees and any Information Sharing Agreements. In the event that the Participating Employer maintains another 403(b) plan

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or any qualified plan or plan using individual retirement accounts, the Participating Employer will be responsible for and monitor compliance as to any provisions of the plan and Internal Revenue Service Regulations applicable to plans that are aggregated for compliance and limitation purposes.

3. The Participating Employer shall make payment of all Salary Reduction Contribution by all Eligible Employees to the Plan not later than fifteen (15) business days following the end of the month in which the amount would otherwise have been paid to the Eligible Employee.

IN WITNESS WHEREOF, the attached Participation Agreement has been adopted by the Participating Employer as of the _____ day of _____, 20____.

PARTICIPATING EMPLOYER: _____
(Insert Legal Name)

By: _____
(Authorized Signer)*

Print Name: _____

Title: _____

* The contact and authorized signer for this Participation Agreement must be an authorized officer of a participating employer. In the case of a local Church of the Nazarene, that would be the **Church Board Treasurer or Secretary**. In the case of a self-employed Minister who is not an employee of a local Church of the Nazarene, the signer would be the self-employed Minister.

P&B Use Only

Pursuant to the provisions of Section 1.14 of the Nazarene 403(b) Retirement Savings Plan (the "Plan"), the above-referenced Participating Employer is accepted as adopting the Plan as a Participating Employer.

Signed this _____ day of _____, 20____.

PENSIONS AND BENEFITS USA OF THE CHURCH OF THE NAZARENE, PLAN ADMINISTRATOR

By: _____

Title: _____

 pbusa.org	Pensions and Benefits USA—Church of the Nazarene 17001 Prairie Star Pkwy., Lenexa, KS 66220-7900 Local Numbers: (913) 577-2760 Fax: (913) 577-0864 Toll-free Numbers: 1-888-888-4656 Fax: 1-800-334-0634
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