

Fidelity Investments
Letter of Agreement Form
The Nazarene 403(b) Retirement Savings Plan
Plan #72185

Employee Instructions: Please complete sections 1 through 4 of this form if you wish to direct your employer to reduce your compensation and direct that this compensation become an elective deferral under your Nazarene 403(b) Plan, or if you want to change your existing Agreement. This Agreement is between you and your employer. After completing sections 1 through 4, please forward this form to your employing organization for them to complete and sign section 5. Then return the original form to Pensions and Benefits USA, Church of the Nazarene, 17001 Prairie Star Parkway, Lenexa, KS 66220. Please retain a copy of this Agreement for your records.

DO NOT RETURN THIS FORM TO FIDELITY INVESTMENTS.

Questions? If you need help determining the contribution amount that fits your financial situation, call Fidelity Investments toll free at 1-866-NAZARENE (629-2736) Monday through Friday, from 7 a.m. to 11 p.m. Central time. A Retirement Services Specialist can discuss your retirement savings needs and help you calculate the maximum amount you can contribute to your Nazarene 403(b) Plan each year.

1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: --
Gender: Female Male

First Name & M.I.: Last Name:

Street Address: Apt. No.:

City: State: ZIP:

Daytime Phone: -- Evening Phone: --

Date of Birth: -- Date of Hire: --

E-mail:

This is a: New Agreement Change to an Existing Agreement

2. EMPLOYER INFORMATION

Name of Current Employer:

Division Code:

Address:

City: State: ZIP:

Employer Phone: --

E-mail:

3. AGREEMENT

This Agreement is made between the Participant named in Section 1 ("Participant") and the Employer named in Section 2 ("Employer").

Salary Deferral

A. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$ or %

Weekly Semi-Monthly Monthly Other:

effective --, and my Employer agrees to contribute this amount on my behalf to the investment options I have selected under my Nazarene 403(b) Plan account.

Catch-Up Deferral*

B. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$ or %

Weekly Semi-Monthly Monthly Other:

effective --, and my Employer agrees to contribute this amount on my behalf to the investment options I have selected under my Nazarene 403(b) Plan account.

**Note: The lifetime catch-up provision for 403(b) plans allows employees of qualifying organizations with at least 15 years of service and a history of low contributions to make additional contributions of up to \$3,000 per year, subject to a \$15,000 maximum on aggregate catch-up contribution.*

In addition, participants who are age 50 or older are allowed to make additional catch-up contributions, phased in over five years.

C. I further understand that I may change the amount of my salary reduction at any time as permitted under the terms of the Nazarene 403(b) Plan by filing a written notice of change with my Employer 30 days prior to the date that I wish the change to take effect.

D. I further understand that I may terminate this Agreement at any time by filing a written notice of termination with my Employer 30 days prior to the date I wish this Agreement to be terminated.

E. This Agreement may not permit an aggregate amount of salary reduction contributions under the plan, which, when added to elective deferrals made on my behalf to certain other plans, such as a 403(b) arrangement, a SIMPLE plan, or 401(k) Plan, exceeds the limit as may be in effect for the year under (i) Internal Revenue Code ("Code") Section 402(g)(1) or 402(g)(7), if applicable, and (ii) Code Section 414(v), if applicable. I understand that I am responsible for determining that the amount of my salary reduction listed above does not exceed the limits on contributions in this section. I also understand that my Employer will provide to me, upon my request, any available information from the Employer's records that is necessary to enable me to make these determinations.

4. PARTICIPANT SIGNATURE

The Participant agrees to the terms stated in this Letter of Agreement form.

Participant Signature: Date: --

5. EMPLOYER RESPONSE AND SIGNATURE

The Employer hereby agrees to the terms stated in this Letter of Agreement form. The Employer further agrees to remit all Salary Reduction Contributions no later than fifteen (15) business days following the end of the month in which the amount would have otherwise been paid.

Salary Addition

If applicable, the Employer elects to contribute, in addition to salary, an amount of \$ or % of the Participant's salary

Weekly Semi-Monthly Monthly Other: to his or her Employer contributions account.

Employer Signature (required): Date: --

Employer Title: