RETIREMENT PLAN
MEMBERSHIP APPLICATION FORM

MEMBER’S NAME _______________________________________________________________
(PRINT FIRST, MIDDLE, LAST)

☐ Male ☐ Female

TELEPHONE # Day ___________________________ Evening ___________________________

ADDRESS ___________________________ EMAIL ___________________________

CITY ___________________________ STATE ___________ ZIP CODE ___________________________

DATE OF BIRTH ________/_______/_______ SOCIAL SECURITY # ___________________________
MO. DAY YR.

EMPLOYER (CHURCH / AGENCY / ORGANIZATION) ______________________________________________________

EMPLOYER’S ADDRESS ___________________________ CITY ___________________________

STATE ___________________________ ZIP ___________ EMPLOYER’S TELEPHONE ___________________________

PRESENT POSITION ___________________________ DATE EMPLOYED ___________________________

DATE OF ORDINATION ___________________________ Ordained by:
☐ NOT ORDAINED ☐ LICENSED ☐ COMMISSIONED ☐ Church of God ☐ Other ___________________________

US CITIZEN: ☐ YES ☐ NO

MARRIED ☐ SINGLE, WIDOW(ER), DIVORCED ☐ SEPARATED ☐

DATE OF MARRIAGE ________/_______/_______
MO. DAY YR.

SPOUSE’S NAME ___________________________ MAIDEN NAME ___________________________
(PRINT FIRST, MIDDLE, LAST)

☐ Male ☐ Female

SPOUSE’S DATE OF BIRTH ________/_______/_______ SPOUSES’ SOCIAL SECURITY # ___________________________
MO. DAY YR.

return completed form to:
SERVANT SOLUTIONS
P.O. BOX 2559
ANDERSON, IN 46018
(765) 642-3880 (800) 844-8983
FAX (765) 642-3942
servantsolutions.org

Please complete the Participant Investment Election Form on the reverse side.
INVESTMENT ELECTION
Option 1:  □ DO IT FOR ME - LifeFund Age-Based Portfolio

I understand
• Contributions will be directed within the LifeFund Age-Based Portfolio based on my date of birth (or as defined by my employer if my age is not evident in the Basic Information section of my Membership Application).
• My investment election will be effective when my Membership Application and a contribution are processed by the Servant Solutions office.
• I may change my investment allocation among the investment fund options on any given day that the market is open within the restrictions established by the mutual fund managers and by Servant Solutions.

Option 2:  □ CUSTOMIZED CHOICES - Select any combination of these options:

Servant Solutions Age-Based Portfolio Investment Options

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Fund Name and Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Principal Fixed Income Guaranteed Option (Stable Value/Fixed Income—Not a Mutual Fund)</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

American Century Diversified Bond I Fund (Fixed Income: Intermediate-Term Bond)  ACBPX
American Funds Washington Mutual Investors R6 Fund (Equity: U.S. Large Cap Value)  RWMGX
DFA U.S. Targeted Value Portfolio Institutional Fund (Equity: U.S. Small Cap Value)  DFFVX
MFS International Intrinsic Value R3 Fund (Equity: International Equity)  MINGX
PIMCO CommoditiesPLUS Strategy Institutional Fund (Commodities)  PCLIX
Guidestone Equity Index Instl Fund (Equity: Socially Screened U.S. Large Cap Blend)  GEGYX
Guidestone Medium Duration Bond Instl Fund (Fixed Income: Socially Screened Bond)  GMDYX
Guidestone International Equity Index Fund (Equity: Socially Screened International)  GIEYX
T. Rowe Price Blue Chip Growth Fund (Equity: U.S. Large Cap Growth)  TRBCX
Vanguard Emerging Markets Stock Index Institutional Fund (Equity: Emerging Mkts)  VEMIX
Vanguard Explorer Admiral Fund (Equity: U.S. Small Cap Growth)  VEXRX
Vanguard Extended Market Index Institutional Fund (Equity: Mid Cap Blend)  VIEIX
Vanguard Institutional Index Institutional Fund (Equity: U.S. Large Cap Indexation)  VINIX
Vanguard Real Estate Index Admiral Fund (Real Estate Securities)  VGLX
Vanguard Total Bond Market Index Instl Fund (Fixed Income: Intermediate Term Bond)  VBIDX
Vanguard Total International Stock Index Instl Fund (Equity: International Indexation)  VTNSX

Allocation can be 100% for any one fund or in increments of 1% for more than one fund. Total of all selections must equal 100%.

☐ Check here if you want your account accumulations automatically rebalanced on a quarterly basis to your specified percentages (not applicable if only one investment option is selected).

I understand and acknowledge that my right to benefits from the Servant Solutions Retirement Plan (as amended and restated) shall be governed by the terms and conditions of the Plan Document and that said document is available at servantsolutions.org. A copy of the Plan Document will be mailed to me upon request.

I direct Servant Solutions to invest my current Retirement Plan accumulations (if any) and all future Retirement Plan contributions (made by me or on my behalf) in the available investment options according to the percentages indicated above.

Signature ___________________________ Date ___________________________

NOTICE TO NEW PARTICIPANTS
You have become a participant in a 403(b) plan established and administered by Servant Solutions (“Plan”).

The National Securities Markets Improvement Act (the “Act”) signed into law on October 11, 1996, exempts church plans from federal and state securities laws, except for anti-fraud provisions. In order to qualify for the exemption, church plans must satisfy eligibility requirements under Code Sec. 414(e) and the assets of church plans must be used exclusively for the benefit of plan participants and beneficiaries. Church plans continue to be subject to the Internal Revenue Code and its regulations regarding eligibility, governance, and operations of such plans.

The Act requires the Plan to notify participants that the Plan is not subject to and the participants are not covered by state and federal securities laws. The following notice is provided in accordance with the Act:

The Plan or any company or account maintained to manage or hold assets of the Plan and interests in such Plan, companies, or accounts (including any funds maintained by Servant Solutions) is not subject to registration, regulation, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, Title 15 of the United States Code, or State securities laws. Therefore, the Plan participants and beneficiaries will not be afforded the protections of those provisions.
### Investment Composition of the LifeFund Age-Based Portfolios
(as of November 30, 2021)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Time-Based Portfolio Allocations:</strong></td>
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</tr>
<tr>
<td>Long-term</td>
<td>30%</td>
<td>41%</td>
<td>46%</td>
<td>52%</td>
<td>62%</td>
<td>72%</td>
<td>82%</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>Intermediate-term</td>
<td>45%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>38%</td>
<td>28%</td>
<td>18%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Short-term</td>
<td>25%</td>
<td>19%</td>
<td>14%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td><strong>Fund Allocations:</strong></td>
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<tr>
<td>Long-term</td>
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</tr>
<tr>
<td>Vanguard Institutional Index Institutional</td>
<td>8.1%</td>
<td>11.1%</td>
<td>12.4%</td>
<td>14.0%</td>
<td>16.7%</td>
<td>19.4%</td>
<td>21.1%</td>
<td>22.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Vanguard Value Index Institutional</td>
<td>4.5%</td>
<td>6.1%</td>
<td>6.9%</td>
<td>7.8%</td>
<td>9.3%</td>
<td>10.8%</td>
<td>12.3%</td>
<td>13.2%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Vanguard Growth Index Institutional</td>
<td>3.0%</td>
<td>4.1%</td>
<td>4.6%</td>
<td>5.2%</td>
<td>6.2%</td>
<td>7.2%</td>
<td>8.2%</td>
<td>8.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Vanguard Total Intl Stock Index Institutional</td>
<td>7.8%</td>
<td>10.7%</td>
<td>12.0%</td>
<td>13.5%</td>
<td>16.1%</td>
<td>18.7%</td>
<td>21.3%</td>
<td>22.9%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Vanguard Emerging Mkts Stock Idx Instl</td>
<td>3.0%</td>
<td>4.1%</td>
<td>4.6%</td>
<td>5.2%</td>
<td>6.2%</td>
<td>7.2%</td>
<td>8.2%</td>
<td>8.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Vanguard Extended Market Index Instl</td>
<td>3.6%</td>
<td>4.9%</td>
<td>5.5%</td>
<td>6.3%</td>
<td>7.4%</td>
<td>8.6%</td>
<td>9.8%</td>
<td>10.6%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

| Intermediate-term          |                         |      |      |      |      |      |      |      |                  |
| Vanguard Total Bond Market Index Instl | 11.3% | 10.0% | 10.0% | 10.0% | 9.5%  | 7.0%  | 4.5%  | 3.0%  | 2.5% |
| Vanguard High-Yield Corporate Adm | 2.2% | 2.0%  | 2.0%  | 2.0%  | 1.9%  | 1.4%  | 0.9%  | 0.6%  | 0.5% |
| Vanguard Intmd-Term Trs Idx Admiral | 9.9% | 8.8%  | 8.8%  | 8.8%  | 8.4%  | 6.2%  | 4.0%  | 2.6%  | 2.2% |
| Vanguard Interm-Term Investment-Grde Adm | 10.4% | 9.2%  | 9.2%  | 9.2%  | 8.8%  | 8.5%  | 4.2%  | 2.7%  | 2.3% |
| Vanguard Mortgage-Backed Secs Idx Adm | 9.0% | 8.0%  | 8.0%  | 8.0%  | 7.6%  | 5.6%  | 3.6%  | 2.4%  | 2.0% |
| Vanguard Shrt-Term Infl-Prot Sec Idx Adm | 2.2% | 2.0%  | 2.0%  | 2.0%  | 1.9%  | 1.4%  | 0.9%  | 0.6%  | 0.5% |

| Short-term                 |                         |      |      |      |      |      |      |      |                  |
| Vanguard Short-Term Bond Idx Instl | 25.0% | 19.0% | 14.0% | 8.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0% |

The Servant Solutions custom age-based funds are each composed of mutual funds. Age-based funds for younger participants have greater stock market risk, while age-based funds for older participants have less exposure to stocks and a higher allocation to bonds and cash. Over time, each age-based fund reduces risk by following a glidepath, allocating more to bonds and cash and less to stocks. Age-based funds are automatically rebalanced at least quarterly. Rebalancing may occur more frequently if performance of individual funds or asset classes results in significant deviation from the age-based fund’s target allocations.
In certain situations, it is possible that you could die before receiving all of your benefits under the Servant Solutions Retirement Plan ("Plan"). For example, you could die before beginning to receive your Plan benefits or while you are receiving distributions in installments. Use this form to designate a beneficiary to receive any remaining Plan benefits following your death.

According to the Servant Solutions Retirement Plan Document, your spouse is your primary beneficiary. If you die and leave a surviving spouse, any remaining Plan benefits will automatically be paid to your spouse. Therefore, you should not name your spouse as your contingent beneficiary. If you die and do not leave a surviving spouse, any Plan benefits will be paid to the contingent beneficiary (or beneficiaries) designated on the second page of this form.

If you wish to name someone other than your spouse as your primary beneficiary, please contact Servant Solutions to obtain the necessary forms. Please note that the “Ten Years Certain Benefit” beneficiary designation (applicable only when electing an annuity payment in retirement), is filed on a separate form.

NAME AND ADDRESS OF MEMBER:

Name ________________________________________ Soc. Sec. No. ________________
Street Address _______________________________________________________________
City ________________________________ State _________ Zip Code _______________
Phone ___________________ Email ___________________________________________

NAME OF PRIMARY BENEFICIARY (SPouse) _____________________________________

In the event of death or divorce and eventual re-marriage, the legal spouse at time of the member’s death is the Primary Beneficiary, regardless of the name written above.

☐ I do not want my spouse to be permitted to change my beneficiary designation if he or she survives me. [Note: If you check this box, no changes in this beneficiary designation can be made after your death.]

This form supersedes all other beneficiary designation forms previously filed, including any designation form previously filed with regard to the Death Benefits program and/or the, now grandfathered, Tax Deferred Supplement plan (TDS plan).

The second page of this form is REQUIRED; use it to designate your contingent beneficiary (or beneficiaries).

MEMBER’S SIGNATURE ________________________________ DATED _________________

(signature required on both pages of this form)
NAME OF MEMBER: ____________________________________________________

NAME AND ADDRESS OF CONTINGENT BENEFICIARY (OR BENEFICIARIES):
(If married, do not list your spouse in this section.)

Name ________________________________________ Soc. Sec. No. ________________
Street Address _____________________________________________________________
City ___________________________ State _________ Zip Code ________________
Relationship _______________________________ Date of Birth _____________________
Phone ___________________ Email ___________________________________________

Name ________________________________________ Soc. Sec. No. ________________
Street Address _____________________________________________________________
City ___________________________ State _________ Zip Code ________________
Relationship _______________________________ Date of Birth _____________________
Phone ___________________ Email ___________________________________________

Name ________________________________________ Soc. Sec. No. ________________
Street Address _____________________________________________________________
City ___________________________ State _________ Zip Code ________________
Relationship _______________________________ Date of Birth _____________________
Phone ___________________ Email ___________________________________________

Name ________________________________________ Soc. Sec. No. ________________
Street Address _____________________________________________________________
City ___________________________ State _________ Zip Code ________________
Relationship _______________________________ Date of Birth _____________________
Phone ___________________ Email ___________________________________________

Multiple beneficiary designations are paid on a per capita basis. If any one of the beneficiaries dies prior to distribution of any Plan benefits, his or her share will be divided equally among and paid to the surviving beneficiaries.

MEMBER’S SIGNATURE ________________________________     DATED ______________

(signature required on both pages of this form)