GENERAL BOARD OF PENSION AND HEALTH BENEFITS
OF THE UNITED METHODIST CHURCH

Caring For Those Who Serve

1201 Davis Street
Evanston, Illinois 60201-4118
1-800-851-2201
www.gbophb.org

Before-Tax and After-Tax Contributions Agreement

United Methodist Personal Investment Plan (UMPIP)

Part 1 – Participant Information

Name _____ Social Security # _____

Mailing Address _____ Daytime phone # (____) _____

_____ E-mail _____

Part 2 – Before-Tax Participant Contributions

Indicate the dollar amount or percentage by which you elect to have your salary reduced and contributed to UMPIP. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from UMPIP, contributions and earnings will be taxable.

Your total before-tax contributions for the year cannot exceed the annual 402(g) elective deferral limit ($15,000 for 2006). If you attain age 50 on or before December 31, you may make additional catch-up contributions (up to $5,000 for 2006). In some cases, if you have at least 15 years of service with all United Methodist-related organizations, you may make additional catch-up contributions. Call the General Board for further details.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions, cannot exceed your compensation for the plan year. For this purpose, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

- ❑ **Percentage of compensation:** _____% of compensation (enter any whole number up to 99)
- ❑ **Dollar amount**: $ _____ per month (enter any whole number, not to exceed your monthly compensation)
- ❑ I elect **not** to make before-tax contributions

Part 3 – After -Tax Participant Contributions

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to UMPIP. Note that your compensation will be deducted after withholding taxes are calculated. At the time of distribution from UMPIP, after-tax contributions will be non-taxable and earnings thereon will be taxable.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions, cannot exceed your compensation for the plan year. For this purpose, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

- ❑ **Percentage of compensation**: _____% of compensation (enter any whole number up to 99)
- ❑ **Dollar amount**: $ _____ per month (enter any whole number, not to exceed your monthly compensation)
- ❑ I elect **not** to make after-tax contributions

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Part 4 – Participant Signature

Contributions cannot be withdrawn from UMPIP unless you have a financial hardship as defined under UMPIP, you attain age 59½, you are disabled as defined under UMPIP, you retire, you terminate employment and/or you terminate your relationship with the annual conference.

This agreement will remain in effect until you complete a new form.

Signature _____ Date _____

Part 5 – Acceptance by the Plan Sponsor/Salary-Paying Unit

Effective date of this contribution _____ 1, 20 ___

Must be the first day of the month on or after the participant signed this form.

Signature _____ Date _____

The employer/salary-paying unit should keep the original form for its payroll records.