

403(b) Enrollment Agreement

Self-Employed

Participant Information

Full Name	Social Security Number	Date of Birth	
Gender	Daytime Phone	Email	
Mailing Address	City	State	ZIP
Physical Address (If different than above)	City	State	ZIP

- This is an original enrollment
 This is an amended enrollment

Investment Allocations

Indicate what percentage of contributions you would like allocated to the GenFi Vision Fund, or mutual funds through our partner Envoy Financial. See enclosed information or visit genfi.com/investment-options for a current list of all funds. If no election is made, 100% of contributions will be invested in the Vision Fund. This election supersedes all prior elections. You are responsible for verifying that your contributions do not exceed the limitations under Section 402(g) and 415 of the Internal Revenue Code. Please refer to the Participant Handbook for details.

ALLOCATION	SALARY DEFERRAL	ROLLOVER CONTRIBUTION
Vision Fund (Offered by GenFi Ministries)	_____ %	_____ %
Mutual Funds* (Offered by Envoy Financial – See Enclosed List)	_____ %	_____ %
Totals	100 %	100 %

*After we have received your first contribution, you will receive a welcome packet with instruction for managing your investments online. Contributions to mutual funds will be invested in the Target Date fund that is closest to your 65th birthday until you select different investment allocation(s).

Beneficiary Designation

In the event of your death, the following primary beneficiary(s) will be paid the value of your account. If any primary beneficiary dies before you, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(s) shall be increased on a pro-rata basis. If no primary beneficiary survives you, the contingent beneficiary(s) shall acquire the designated share of the retirement account.

Marital Status**

- Married
 Not Married

**If you are currently married and wish to name someone other than your spouse as primary beneficiary, the spousal consent on page 3 must be signed by your spouse and notarized.

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Beneficiary Designation *(Continued)*

Beneficiary 1 Primary

Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

Beneficiary 2 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

Beneficiary 3 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

Beneficiary 4 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

Beneficiary 5 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

To name additional beneficiaries, attach a separate sheet.

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Spousal Consent *(If you are married and wish to name someone other than your spouse as primary beneficiary, the consent below must be signed by your spouse and notarized)*

I hereby consent to my spouse's designation of beneficiaries as listed in this 403(b) Enrollment Agreement.

Spouse Signature

Date

Notary Information *(To be completed by notary public)*

Appeared the above-named _____ on this _____ day of _____, 20 _____

and acknowledged to me that he/she signed the above as his/her voluntary act and deed.

Notary Signature

Date

Notary Public for: _____ My commission expires: _____

[NOTARY SEAL HERE]

Participant Signature

I affirm that I am a self-employed credentialed minister of the Assemblies of God. I acknowledge that I have received GenFi Ministries' current Vision Offering Circular and/or the Prospectuses for the fund(s) I have selected. I agree to indemnify and hold GenFi Ministries, the 403(b) Plan Administrator and Trustee, harmless from any action or omitted action based on directions or information I or my beneficiaries provide. I understand and agree that the 403(b) plan and related administrative policy may be amended from time to time, as will the Vision Offering Circular and/or the Prospectus for each selected fund. By my signature below, I hereby certify that all information provided in this 403(b) Enrollment Agreement is true and correct.

Participant Signature

Date

Submitting Your Form

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to retirement@genfi.com or mail the document(s) to the address at the bottom of page 1.

Acceptance *(To be completed by GenFi Ministries)*

Authorized Signature

Date