



Before-Tax and After-Tax Contributions Agreement

United Methodist Personal Investment Plan (UMPIP)

Part I – Participant Information

Name _____ Social Security # _____
Mailing Address _____ Primary phone # () _____
_____ E-mail _____
Country of Citizenship _____

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, your contributions and earnings are taxable.

Your total before-tax contributions for the year cannot exceed the annual 402(g) elective deferral limit (\$17,000 for 2012). If you attain age 50 on or before December 31, you may make additional catch-up contributions (up to \$5,500 for 2012). 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 or \$50,000, whichever is less. 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
- 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, your after-tax contributions are non-taxable and earnings thereon are taxable.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions, cannot exceed your compensation for the plan year or \$50,000, whichever is less. 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
- Dollar amount: \$ _____ per month (enter any whole number, not to exceed your monthly compensation)
- I elect **not** to make after-tax contributions

(continued)

Part 4 – Participant Signature

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

This agreement will remain in effect at your current plan sponsor 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.
Please mail a copy of this completed form to the General Board of Pension and Health Benefits
at the address on the first page of this form. Or you may fax it to 1-847-866-5195.**