



Enrollment — New Life Personal Investment Plan

Section 1 - This section of the form is to be completed by the participant

Part 1 A—Your Personal Information

Participant name _____ Primary phone # (____) _____

Home address _____ Alternate phone # (____) _____

City, State, ZIP _____ Country of citizenship _____

E-mail _____ Birth date ____/____/____

Social Security # ____ - ____ - _____ Gender: Male Female

Part 1 B—Your Spouse's Information

Spouse's name _____ Birth date ____/____/____

Social Security # ____ - ____ - _____ Marriage date ____/____/____

Part 2—Plan Investments

Under the plan terms, LifeStage Investment Management is the default investment with a moderate risk tolerance. Participants can change this election after enrollment in the plan. To understand this default investment election and other options available to you, you should read the *Understanding Your Investment Options brochure* and the *Investment Funds Description*.

Part 3—Signature

Print Name _____

Signature _____ Date _____

Complete all information in Section 1, sign the form and forward to your Episcopal District Representative.

Section 2 - This section of the form is to be completed by the Episcopal District Representative

Episcopal District _____ Annual Conference Name _____

Local Church Appointment (including address) _____

Position: Bishop General Officer Presiding Elder Reverend

Participant's date of employment _____

District Representative (print name) _____ Title _____

District Representative signature _____ Date _____

E-mail _____ Phone # () _____

Complete this form and send to:

AME Church Department of Retirement Services
PO Box 1857
Memphis, TN 38101-1857

Fax: 800-992-5285
Email address: executivedirectords@gmail.com

The District Representative should keep the original form for the office's records.