



Before-Tax and After-Tax Contributions Agreement

United Methodist Personal Investment Plan (UMPIP), Puerto Rico Personal Investment Plan (PRPIP)

Part I – Participant Information

Name _____ Social Security # _____

Mailing Address _____ Primary phone # (____) _____

_____ E-mail _____

Country of Citizenship _____

Part 2 – Before-Tax Participant Contributions

UMPIP

Your total before-tax contributions for the year cannot exceed the annual 402(g) elective deferral limit (\$17,500 for 2013). If you attain age 50 on or before December 31, you may make additional catch-up contributions (up to \$5,500 for 2013). 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 \$51,000 (for 2013), 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.

PRPIP

Your total before-tax contributions for the year cannot exceed the annual deferral limit (\$15,000 for 2013). If you attain age 50 on or before December 31, you may make additional catch-up contributions (up to \$1,500 in 2013).

Your total before-tax and after-tax contributions cannot exceed your compensation for the plan year or \$49,000 (for 2013), whichever is less. For this purpose, compensation includes the value of any parsonage or housing allowance.

Indicate the dollar amount or percentage by which you elect to have your compensation reduced and contributed to UMPIP or PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from UMPIP or PRPIP, your contributions and earnings are taxable.

- 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

Your total before-tax and after-tax contributions, plus any plan sponsor contributions, cannot exceed your compensation for the plan year or \$51,000 (UMPIP) [or \$49,000 for PRPIP], whichever is less, for 2013. For this purpose, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income*. After-tax contributions to PRPIP generally cannot exceed 10% of your compensation.

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

- 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

* For participants in PRPIP, compensation does include the value of any parsonage or housing allowance.

Part 4 – Participant Signature

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

This agreement will remain in effect with 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 ____.

This date must be the first day of the month on or after the participant signed this form.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized 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**.