



# Covenant Pension Trust

*A ministry of The Evangelical Covenant Church*

## Request to Freeze Benefit and Convert to 403(b)9

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Current church/ministry employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer phone: \_\_\_\_\_ Employer email: \_\_\_\_\_

Read and check all:

- I am a participant in the Covenant Pension Plan and request that my Covenant Pension Plan account be frozen.
- I understand that this request is irrevocable and cannot be reversed in the future under any circumstance.
- Contributions will continue to be made to the Covenant Pension Plan until confirmation of approval has been received. If an outstanding balance remains after three months following the effective date of change, it can no longer be made to the Covenant Pension Plan and my employer will be encouraged to pay outstanding overdue contributions to my 403(b)9 account.
- I understand if I am called to a Covenant church, conference or denominational office, mandatory 12.5% contributions are still required, but to the ECC associational 403(b)9 account (currently administered by GuideStone Financial).
- I understand that if I am not yet vested in the Covenant Pension Plan, my employer's contributions to my Covenant 403(b)9 account will "count" as years of service toward vesting, but do not add value to my benefit.
- I have received adequate counsel and education about the relative advantages/risks of making this election and am electing this change from my own discernment around planning for my future retirement.
- I relinquish any future further participation in the Covenant Pension Plan. My rights in the plan will relate solely to the receipt of future accrued benefits (if vested) in the plan.
- I will receive confirmation of my vesting status and estimated benefit at age 65 with approval to this request.

Requested effective date of change: \_\_\_\_\_

- Check one:  Regular open period (by June 30, effective January 1)  
 New call (must be signed and returned within 30 days of start date)  
 As a result of an approved Covenant Subsidized Benefits program application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse name (if applicable): \_\_\_\_\_

Spouse signature (required): \_\_\_\_\_ Date: \_\_\_\_\_