



Addendum to Adoption Agreement: Discretionary Contribution Election Form

United Methodist Personal Investment Plan (UMPIP)

Part I – General Information

Name of plan sponsor _____ Employer # _____

Address _____

Part 2 – Applicable Adoption Agreement

If you completed multiple UMPIP adoption agreements for different employee groups with the same employer number, please copy verbatim the classification information from Section 2.3(a) “Other” of the applicable UMPIP adoption agreement. (Note: This section does not apply to clergy who participate in the Clergy Retirement Security Program (CRSP).)

Note that the eligibility requirements, entry date and vesting elections made on the applicable adoption agreement will apply to this discretionary contribution.

Part 3 – Eligibility to Make Discretionary Contributions

- Did your organization elect “Discretionary” under “Type of Plan Sponsor Contributions” on the applicable UMPIP Adoption Agreement? Yes No
- Does the effective date of the applicable adoption agreement precede or fall within the plan year for which you will be making this discretionary contribution (see Part 7 of this form)? Yes No
- Do you agree to submit data on discretionary contribution amounts to the General Board in an electronic format acceptable to the General Board? Yes No
- Do you agree to remit discretionary contributions to the General Board no later than June 1 of the year following the plan year for which these contributions will be made? Yes No

(If you checked “no” for any of the questions in this part of the form, your organization is not eligible to make a discretionary contribution. Do not complete this form.)

(continued)

Part 4 – Discretionary Contribution Formula

Select a contribution formula or formulas from the following:

- Flat dollar amount of \$ _____ to each eligible participant
- _____ % of plan compensation for each eligible participant
- _____ % of the dollar amount by which each eligible participant’s plan compensation is less than the Denominational Average Compensation for the applicable year
- _____ % of each eligible participant’s before-tax and/or after-tax contributions up to _____ % of the eligible participant’s compensation
- Other _____

This formula is subject to approval by the General Board. As plan sponsor you are responsible to comply with any applicable coverage or nondiscrimination rules. General Board approval should not be construed to indicate compliance with applicable laws.

Part 5 – Discretionary Contribution Election

Indicate which eligible employee classification(s) will qualify for the discretionary contribution:

- All employees covered under the applicable adoption agreement
- Other (specify) _____

Part 6 – Discretionary Contribution Frequency

This contribution will be paid:

- Each pay period
- Each month
- Annually
- Other _____

Part 7 – Discretionary Contribution Timing

This contribution will be paid for the plan year 20__ __ (enter only one.) (For example, enter the plan year 2009.)

Part 8 – Discretionary Contribution Calculation Effective Date

If you elect to make contributions based on compensation/contributions (as applicable) for the entire plan year, the effective date is assumed to be the first day of that plan year. If the plan year has already begun and you elect to make contributions based on compensation/contributions only from a certain date forward, enter the effective date. The effective date must be the first day of a month and can be no earlier than the first day of the plan year specified in Part 7.

Contribution effective date _____

Part 9 – Signature

This form must be completed, signed and submitted to the General Board no later than May 1 of the year following the plan year specified in Part 7. It does not apply to subsequent plan years and must be resubmitted if you elect to continue the contribution in subsequent years.

Authorized signature _____ Date _____

Print name of signatory _____ Title _____

Part 10 – General Board Signatures

The General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois, hereby accepts this addendum to the adoption agreement for discretionary contributions.

Authorized signature _____ Date _____

Authorized signature _____ Date _____