

Association of Unity Churches, Inc. Tax-Sheltered Annuity Plan

Enrollment/Election Form

1. Employee Information - Required (Please Print)

Employee Name

Social Security Number

E-Mail Address

Employee No. or Location Code

Date of Birth

Date of Hire

Address (Street, City, State, Zip)

2. Reason for Completing Form - Required

- Plan Enrollment - Complete sections 1,3,4, & 5
- Change of Personal Information - Complete Sections 1,3, & 5
- Rollover Contribution - Complete sections 1,4, & 5. Also complete a Rollover Contribution Form.
- Rehire (Original Plan Entry Date _____)

Use miretirement.com, Mi Retirement Line, or M&I Retirement Services Specialists to make Investment Election Changes to your account.

3. Salary Reduction Agreement

I recognize that limitations under the Internal Revenue Code regulations for qualified plans may affect the amount of my contribution. Accordingly, I hereby agree that my contributions shall be the level specified, or such lesser amount which, as determined by the Company, is the maximum contributions I can elect under the limitations set forth in the Plan.

- I authorize my employer to withhold from my pay each pay period the amount indicated below and deposit the money in my Plan Account.

_____ % Before-Tax Contribution (In whole percentages from 1% to 100%)

\$ _____ Before-Tax Contribution (In \$1 increments from \$1 up to the IRS limit. The 2009 limit is \$16,500.)

_____ % Roth After-Tax Contribution (In whole percentages from 1% to 100%)

\$ _____ Roth After-Tax Contribution (In \$1 increments from \$1 up to the IRS limit. The 2009 limit is \$16,500)

Please Note that the total percentage of your combined pre-tax and Roth after-tax 403(b) contributions cannot exceed 100% of your total compensation.

- I hereby elect NOT to contribute to the Plan at this time.

4. Investment Election

I hereby request that all future contributions be invested as indicated on the next page in increments of 1%. In the event that I do not complete the investment elections, all future contributions will be invested 100% in the Default Fund listed below until I submit a new election under the procedure established in the plan.

Date of Birth

1950 and earlier
1951 to 1960
1961 to 1970
1971 to 1980
1981 to present

Default Fund

TR Price Retirement 2010
TR Price Retirement 2020
TR Price Retirement 2030
TR Price Retirement 2040
TR Price Retirement 2050

continued on next page

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Select your investments from one of the sections below. Hands-off investors typically invest in age-based (Section 1) professionally managed funds since they lack the time and/or expertise to manage their investments. In comparison, Hands-on investors prefer to build and manage their own investment portfolio with the core funds (Section 2) offered by the plan.

Whichever approach, all investment elections must total and not exceed 100%.

Section 1: Target Retirement Date Funds

Fund	Future Contributions
TRRAX TR Price Retirement 2010	_____ %
TRRBX TR Price Retirement 2020	_____ %
TRRCX TR Price Retirement 2030	_____ %
TRRDY TR Price Retirement 2040	_____ %
TRRMX TR Price Retirement 2050	_____ %

Section 2: Core Funds

Fund	Future Contributions
MARXX Marshall Prime Money Mkt	_____ %
PTRAX PIMCO Total Return	_____ %
VIPSX Vangrd Inflation Protect	_____ %
ACCAX Amer Cent Strateg Consv	_____ %
ACOAX Amer Cent Strateg Modrt	_____ %
MSFRX MFS Total Return	_____ %
ACVAX Amer Cent Strategic Agg	_____ %
DODBX Dodge & Cox Balanced	_____ %
PNEAX Allianz NFJ Dividend Val	_____ %
FUSEX Fidelity US Equity Index	_____ %
CSIEX Calvert Social Inv Eqty	_____ %
VMRAX Vanguard Morgan Growth	_____ %
GCMAX Goldman Sachs Mid Cp Val	_____ %
ATHAX Amer Cent Adv Heritage	_____ %
PCVAX Allianz Small Cap Value	_____ %
MRSCX Marshall Small-Cap Grwth	_____ %
AIIEX AIM International Growth	_____ %
UMBWX UMB Scout International	_____ %

Investment elections must total 100%

5. Employee Signature - Required

Signature

Date

FOR OFFICE USE ONLY

Plan Sponsor Signature

Date

Employee's Plan Entry Date

Location Code

The fiduciaries of the plan may be relieved of any liability for any losses which are the direct and necessary result of investment instructions provided by plan participants.

Please return this form to: Susan Velasquez