

**Association of Unity Churches, Inc.**  
**Tax-Sheltered Annuity Plan**  
**403(b)(9) Mutual Fund Plan**  
**Deferral Election Form**

I do hereby certify that I am a Minister or Employee of \_\_\_\_\_ church, located at \_\_\_\_\_ which adopted the Association of Unity churches, Inc., Tax-Sheltered Annuity Plan ("Plan") on \_\_\_\_\_, 19\_\_\_\_\_.

As a participant in the Plan, I hereby elect to make Employee Pre-tax Contributions as elected below.

I understand the Plan currently provides an elective deferral of a portion of my compensation, not in excess of limitations imposed on tax-sheltered annuities of church plans under the provisions of the Internal Revenue Code. My deferral election will become effective as of the first day of the calendar month following this deferral direction delivered to my employer (church).

Deferral Election Instruction. I hereby direct my employer to deduct \$\_\_\_\_\_ or \_\_\_\_\_ % of my gross compensation before taxes on **each scheduled payment date** and forward to Marshall & Ilsley Trust Company N.A. (M&I), by check payable to Marshall & Ilsley Trust Company N.A. (M&I). This deduction is to commence with the next applicable payment date and continue until I change it.

Employer contributions will be made into the same funds (on a prorata basis) as my pre-tax contributions.

This investment direction will remain in effect until I change it as provided in the Plan. However, the Group Services Committee, as provided for in the Plan Document, may replace, add to, or terminate any of the listed funds from time to time. I also understand that, in the absence of any written directions to the contrary, my pre-tax contributions and my employer's contributions, will be invested in the default fund of record at the time of the contribution.

I understand contributions will be invested as currently directed, subject to any changes as described in the immediately preceding paragraph. I understand I may change my investment direction at any time through the M&I's voice response system or website.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, by the Participant.

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date Employed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

**Please return this form directly to your employer.**