

Fidelity Investments® Enrollment Form for the 403(b) Retirement Savings Plan of the Presbyterian Church (U.S.A.)

Step #2



Instructions to join the 403(b) Retirement Savings Plan: Use this form if you wish to open an account and make contributions to the 403(b) Retirement Savings Plan of the Presbyterian Church (U.S.A.). Completion of this form will instruct Fidelity® to invest your contributions in the investment options available under the Plan and designate a beneficiary for your account. You may revoke the beneficiary designation and designate a different beneficiary by submitting a “separate” or “new” beneficiary form to Fidelity Investments®.

Please complete this form and the Salary Reduction/Employer Agreement Form and return them to your Church Treasurer or Human Resources Department for signature. They will then mail the completed Enrollment Form to: **Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090.** The Salary Reduction/Employer Agreement Form should be returned to: **Retirement Savings Department, The Board of Pensions of the Presbyterian Church (U.S.A.), 2000 Market Street, Philadelphia, PA 19103-3298.** Both forms must be completed to enroll in the Plan.

Transfer From an Existing Plan: If you are transferring assets to Fidelity and, as a result, establishing a new account, please complete a Transfer Form in addition to this form.

Rollover Contribution: To make a rollover contribution to your Fidelity 403(b) account from another 403(b) plan or an existing tax-sheltered annuity, please call Fidelity to request a Rollover Form.

Fees: Your account is not subject to annual maintenance and/or recordkeeping fees.

Questions?: Call Fidelity at 1-800-343-0860.

1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name & M.I.: Last Name:

Street Address: Apt No.:

City: State: Zip:

Daytime Phone: -- Evening Phone: --

Email Address:

2. YOUR EMPLOYMENT INFORMATION

Name of Participating Employer/Church:

Mailing Address of Participating Employer/Church:

City: State: Zip: -

Your Occupation: Minister or Lay:

Presbyterian Church Personal Identification Number (PIN):



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3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your Plan. The allocation must total 100%. Call Fidelity to obtain prospectus information for the Fidelity funds listed below.

I would like all future contributions to my Plan account(s) invested in the following investment options.

Investment Options	Please use whole percentages
Separate Accounts	
PCUSA Socially Responsible Balanced Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
PCUSA Socially Responsible U.S. Equity Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Mutual Funds	
Ariel Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity Diversified International Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity Equity-Income Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity Growth Company Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity Retirement Money Market Portfolio	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity U.S. Bond Index Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity's Spartan® Extended Market Index Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>
Fidelity's Spartan® U.S. Equity Index Fund	Percentage <input type="text"/> <input type="text"/> <input type="text"/>

Total: = 100%

4. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries: To designate additional beneficiaries, please attach and sign a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

To make changes to your beneficiary designation, please call Fidelity Investments to receive a new Beneficiary Designation Form.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the Plan upon my death.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				_____	Total: = 100%	

If more than one person is named and no percentages are indicated, I understand that payment will be made to equal shares to my primary beneficiaries who survive me, unless otherwise specified by the Plan. If a percentage is indicated and any primary beneficiary does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my 403(b) account is to be distributed to my contingent beneficiary(ies) listed below.

Contingent Beneficiary(ies)

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				_____	Total: = 100%	

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

5. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any mutual fund into which I exchange and agree to its terms.
- I understand that I may designate a beneficiary for my assets accumulated in the 403(b) Retirement Savings Plan of the Presbyterian Church (U.S.A.), and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based upon the provisions of the Plan.
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form with a later date to Fidelity.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity 403(b) accounts for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b) accounts, as applicable) acts as custodian.
- I recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.
- I understand that the Board of Pensions and the Retirement Savings Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940 and state securities laws. Retirement Savings Plan participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Retirement Savings Plan or investments managed by the Board of Pensions.
- I understand that the Fidelity mutual fund options and the Ariel fund option are registered mutual funds and are accordingly subject to federal securities laws.
- I understand that the PCUSA funds are not registered mutual funds and that these proprietary funds are managed for the Board of Pensions by Fidelity Management Trust Company.
- A Summary Plan Description will be sent to you after you enroll in the Retirement Savings Plan.

Your Signature:

Date:

Employer
Signature:

Date:

FOR FIDELITY USE ONLY: PLAN#

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See return instructions on front.



Fidelity Investments Institutional Operations Company, Inc.

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