



CREATIVE PLANNING

TPA, LLC

401k@creativeplanning.com
1-866-427-4015

New Participant Information Form

1. New Participant Information Form

Participant Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Birth Date: _____ Date of Hire: _____

Email Address: _____ Phone Number: _____

Marital Status: ☐ Married ☐ Single

2. Employer (Church) Information

Employer (Church) Name: _____

Employer (Church) Address: _____

City: _____ State: _____ Zip Code: _____

3. Authorization

By signing above, I am notifying Creative Planning TPA, LLC of intent to join The Orthodox Presbyterian Church 403(b) Plan. **I understand that if my local church does not yet participate in the above mentioned plan, I must also have a Participation Agreement signed by the church treasurer prior to any contributions being deposited to my account.**

I also understand that this form is not complete until I designate my retirement plan beneficiary on the next page.

Additionally, I understand that submitting these forms does not complete by investment election. I will be contacted to confirm by account has been set up online at <https://yourbenefitaccountlogin.net/cpretirement/>. Upon this confirmation, I need to login and finish the online enrollment process to be able to elect an investment portfolio.

Participant/Beneficiary Signature: _____ Date: _____



1. Plan Participant Information

Employer Name: The Orthodox Presbyterian Church

Plan Name: The Orthodox Presbyterian Church 403(b) Plan

Participant Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Birth Date: _____

Email Address: _____ Phone Number: _____

2. Revocation of Previous Designations

I hereby revoke any Designation of Beneficiary I may previously have made under the above plan and designate the following as my Beneficiary(ies) under the Plan.

3. Primary Beneficiary(ies)

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Contingent Beneficiary(ies)

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Current Marital Status & Participant Approval

- A. ☐ **I am not married.** I understand that if I become married in the future, this form automatically ceases to apply, and I should file a new Designation of Beneficiary.
- B. ☐ **I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent below. (If consent of your spouse cannot be obtained - e.g. cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant Signature: _____ Date: _____

6. Spouse's Consent

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation above without first obtaining my written consent.

Spouse's Name: _____ Spouse's Signature: _____ Date: _____

7. Notary Public Witness or Plan Administrator Approval

Sworn to, and witnessed by me, this _____ Day of _____ (month), _____.

Name of Notary Public: _____

Notary Public's Signature: _____

If not notarized, witnessed by Plan Administrator:

Signature of Trustee/Authorized Signer: _____ Date: _____

Notary Public
Stamp