

# Participant Enrollment Form

Products and financial services provided by  
**AMERICAN UNITED LIFE  
INSURANCE COMPANY®**  
a OneAmerica® company  
One American Square, P.O. Box 6011  
Indianapolis, IN 46206-6011  
1-800-249-6269



## Plan Information

Plan Number G75542 Division \_\_\_\_\_  
Plan Name Retirement Pension Plan of the Southern Methodist Church

## Participant Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security (or Taxpayer ID) Number \_\_\_\_\_  M  F \_\_\_\_\_  
Gender Date of Birth  
Street Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (including area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_  Work  Personal

## Employment Information

To be completed by the Employer for Employer Sponsored Plans or by the Participant for Voluntary 403(b), 457(b), or IRA plans.  
Date of Hire \_\_\_\_\_ Date of Rehire \_\_\_\_\_

## Participant Election

- I authorize my employer to reduce my compensation by \_\_\_\_\_% or \$\_\_\_\_\_ as a **pre-tax** deferral to the Plan.
- I authorize my employer to reduce my compensation by \_\_\_\_\_% or \$\_\_\_\_\_ as a **Roth after-tax** deferral to the Plan.
- I elect **NOT** to make contributions. I understand that I may be entitled to employer contributions or forfeiture reallocations, if applicable, as permitted by the Plan.

## Information for Participant

1. The election made in the **"Participant Election"** section of this form applies until changed by you. Elections can be changed by logging into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or by contacting your plan representative. The effective date of your election will be determined by your employer and is dependent upon Plan document provisions.
2. If allowed and if you are eligible to make catch-up contributions, any of your elective deferrals that exceed either the elective deferral dollar limit (the Internal Revenue Code (Code) section 402(g) limit), the annual additions limit (the Code section 415 limit), the plan's deferral limit, or the Actual Deferral Percentage (ADP) limit shall be treated as catch-up contributions, up to the applicable catch-up contributions limit for the calendar year.
3. For any calendar year that you make elective deferrals to a retirement plan sponsored by an unrelated employer as well as to this Plan, you are responsible for determining if you have exceeded the Code section 402(g) limit in effect for such taxable (calendar) year.
4. Contributions received on your behalf will be directed based on elections selected by you, if your employer is not directing the investment of your contributions, by logging into your secure account at [www.oneamerica.com](http://www.oneamerica.com), by completing an **"Investment Option Election Form"** (R-20089), or by calling 1-800-249-6269.
5. If you do not select investment options through one of the means mentioned above, if your employer is not directing the investment of your contributions, contributions received on your behalf will be directed to the applicable default investment option. It is your responsibility to log into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or to call 1-800-249-6269 to transfer contributions to other available investment options.

Additional plan-specific provisions or limitations may apply. Please refer to your summary plan description (SPD) or contact your plan representative for assistance.

## Participant Acknowledgement and Signature

I confirm receipt of a current Prospectus for the AUL American Unit Trust (which includes a Statement of Additional Information) and additional mutual fund prospectuses, either by receipt of a CD-ROM, by receipt of paper versions (available by calling 1-800-249-6269) or by accessing online versions (available at [www.oneamerica.com/prospectuses](http://www.oneamerica.com/prospectuses).)

I understand that (1) if I am a participant in a 403(b) or a 457 plan that restrictions on distributions may apply as set forth in Section 403(b)(11) or Section 457 of the Internal Revenue Code; (2) I have a duty to review my pay records (pay stub, etc.) to confirm that my election is implemented by my employer as requested under the **"Participant Election"** section of this form.

I also understand that (1) tax-qualified retirement plans from American United Life Insurance Company® (AUL) are funded by an AUL group annuity contract; (2) while a participant in an annuity contract may benefit from additional investment and annuity-related benefits under the annuity contract, any tax deferral is provided by the Plan and not the annuity contract; and (3) this material must be preceded by or accompanied by the **"State Specific Fraud Warning Notices for Retirement Services"** (R-20402) form.

Under penalties of perjury, by signing the below, I hereby certify (1) that the Social Security (or Taxpayer ID) Number provided under the **"Participant Information"** section of this form is correct; and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest and dividends, or (b) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

**NOTE: The IRS does not require your consent to any portions of this document other than certifications required to avoid backup withholding.**

Do you own existing in-force life insurance or annuities?     Yes  No

Does this annuity replace, discontinue or change any existing insurance or an annuity?     Yes  No

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**(if applicable) OneAmerica Securities, Inc. Broker/Dealer Firm: Please send this signed completed form and the New Account Form (I-23383) to OneAmerica Securities, Inc.**

**Please make a copy of this form for your records and return the original to your plan representative.**

# Investment Option Election Form

Products and financial services provided by  
 American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 6011  
 Indianapolis, IN 46206-6011  
 1-800-249-6269



## Plan Information

Plan Number G75542 Division \_\_\_\_\_  
 Plan Name Retirement Pension Plan of the Southern Methodist Church

## Participant Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security (or Taxpayer ID) Number \_\_\_\_\_

## Investment Elections

Investment Name	Internal ID	Investment Type	Initial Elections
AUL Fixed Account	FIXD	Fixed Int/Stable Val	%
AmerCent Infl-Adj Bond A	ACIB	Inflation Protected B	%
PIMCO Total Return R	PTRR	Int Term Bond	%
Oppenheimer Global Strat Inc A	OPSX	Multisector Bond	%
AmerCent Strat Alloc: Mod A	AAMA	Balanced	%
Pax Balanced Indv Inv	PWAA	Balanced	%
Timothy Plan Conserv Grth A	TCGF	Balanced	%
Timothy Plan Strat Grth A	TSGF	Balanced	%
AmerCent Eqty Inc A	AEIA	Large Cap Value	%
Pioneer Eqty Inc A	PEIF	Large Cap Value	%
AmerFds Fdamental Invs R3	AFFD	Large Cap Blend	%
Pioneer A	PFAA	Large Cap Blend	%
State Street Eqty 500 Indx R	SSIU	Large Cap Blend	%
Alger Cap App Inst R	ACAP	Large Cap Growth	%
AmerFds Grth Fd of America R3	AFGA	Large Cap Growth	%
Fidelity Adv New Insights M	FANI	Large Cap Growth	%
NeubergerBer Socially Rspns R3	NSR3	Large Cap Growth	%
Thornburg Core Grth R3	TBCG	Large Cap Growth	%
AmerCent MidCap Val A	ACBM	Mid Cap Value	%
Lord Abbett Val Ops R3	LAV3	Mid Cap Blend	%
AllianzGI NFJ SmCap Val R	PSCV	Small Cap Value	%
GoldmanSachs SmCapVal Svc	GSSL	Small Cap Blend	%
Alger SmCap Grth Inst R	AGSC	Small Cap Growth	%
Oppenheimer Dev Mkts A	ODM2	Diversified Emerg Mkt	%
AmerFds EuroPac Grth R3	AFEG	Foreign Growth	%
TRowePrice Intl Stock R	TRIS	Foreign Growth	%
BlackRock Global Alloc R	BLGA	World Allocation	%
AmerFds Cap World Grth&Inc R3	AFCW	World Stock	%
Pax Global Env Mkts Indv Inv	PWCA	World Stock	%
GoldmanSachs Tech Opps Svc	GSTP	Specialty	%
Invesco Energy A	IE2K	Specialty	%
AmerCent One Choice 2020 A	AC20	Mgd Asset Allocation	%
AmerCent One Choice 2025 A	AC25	Mgd Asset Allocation	%

## Investment Elections

Investment Name	Internal ID	Investment Type	Initial Elections
AmerCent One Choice 2030 A	AC30	Mgd Asset Allocation	%
AmerCent One Choice 2035 A	AC35	Mgd Asset Allocation	%
AmerCent One Choice 2040 A	AC40	Mgd Asset Allocation	%
AmerCent One Choice 2045 A	AC45	Mgd Asset Allocation	%
AmerCent One Choice 2050 A	AC50	Mgd Asset Allocation	%
AmerCent One Choice In Ret A	ACLS	Mgd Asset Allocation	%
		<b>TOTAL</b>	<b>100%</b>

Enter whole percentages only. Elections must total 100%.

## Information for Participant

- Investment elections will take effect when this form is processed by the record keeper. Contributions received after the date this form is processed will be invested according to your elections, if your employer is not directing the investment of your contributions, until changed by you. Contributions received prior to the date this form is processed will be invested according to elections already on file, if applicable, or will be directed to the applicable default investment option. It is your responsibility to log into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or to call 1-800-249-6269 to transfer contributions to other available investment options.
- If you do not complete the "Investment Elections" section of this form, if your employer is not directing the investments of your contributions, contributions received on your behalf will be directed to the applicable default investment option. It is your responsibility to log into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or to call 1-800-249-6269 to transfer contributions to other available investment options.
- All or part of your account value may be transferred between available investment options at any time during the accumulation period, subject to the following:
  - Only one transfer may be made per day.
  - You may be limited to the number of investments selected in a single transfer request.
  - Your reallocated investment total must equal the current investment total.
  - The investment return and principal value of the investment accounts will fluctuate, so that when redeemed, units may be worth more or less than the original cost.
- Contributions, other than those directed to the AUL general account (fixed interest investment option), will be credited to the AUL separate account, which is divided into variable investment accounts. Each variable investment account invests exclusively in shares of a specific mutual fund, mutual fund portfolio, or other entity in which it is authorized to invest. Due to the fluctuation in value of the assets underlying the AUL separate account, the value of variable investment account units credited to the contractholder or the participant will also fluctuate, so that units may be worth more or less than the original cost when redeemed.
- The following transfer restriction will apply to monies in the Fixed Interest Account (FIA):  
One hundred percent (100%) may be transferred from the Fixed Interest Account (FIA) at any time. However, once a transfer has been made from the FIA, transfers back into the FIA are allowed only after 90 days have elapsed since your last transfer from the FIA.

Additional plan-specific provisions or limitations may apply. Please refer to your summary plan description (SPD) or contact your plan representative for assistance.

**Participant Acknowledgement and Signature**

***This section must be completed if not attached to the Participant Enrollment Form.***

I confirm receipt of a current Prospectus for the AUL American Unit Trust (which includes a Statement of Additional Information) and additional mutual fund prospectuses, either by receipt of a CD-ROM, by receipt of paper versions (available by calling 1-800-249-6269) or by accessing online versions (available at [www.oneamerica.com/prospectuses](http://www.oneamerica.com/prospectuses).)

I understand that (1) if I am a participant in a 403(b) or a 457 plan that restrictions on distributions may apply as set forth in Section 403(b)(11) or Section 457 of the Internal Revenue Code; (2) this material must be preceded by or accompanied by the "**State Specific Fraud Warning Notices for Retirement Services**" (R-20402) form.

Under penalties of perjury, by signing the below, I hereby certify (1) that the Social Security (or Taxpayer ID) Number above is correct; and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest and dividends, or (b) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

**NOTE: The IRS does not require your consent to any portions of this document other than certifications required to avoid backup withholding.**

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

**Please make a copy of this form for your records and return the original to your plan representative.**

# Participant Beneficiary Designation Form

(For plans offering Qualified  
Pre-Retirement Survivor Annuities)

Products and financial services provided by  
American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square, P.O. Box 6011  
Indianapolis, IN 46206-6011  
1-800-249-6269



## Instructions for the Plan Participant

1. Complete the "Participant Marital Status" section of this form.
2. To elect that a pre-retirement benefit be distributed in a form **other than** a life annuity, complete the "Election of Pre-Retirement Death Benefit" section of this form.
3. To designate a Beneficiary or Beneficiaries, complete the "Beneficiary Designation" section of this form.
4. Read, then complete the "Participant Signature" section of this form.
5. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the "Spousal Authorization" section of this form.
6. Keep a copy of the completed form with your other important records and return the original to your plan representative.

## Information for Plan Participant

### Trust Information

If your Beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary.

### Community Property Information

(Only applicable to plans not subject to the Employee Retirement Income Security Act (ERISA) of 1974 and in the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin. This is also applicable in Alaska if you and your spouse agree to make it community property through a community property agreement or a community property trust.)

If there has been no previous written notice of community property interest and the space for the consent of your spouse is not completed, then anyone acting on the information contained herein shall be entitled to rely on his/her good faith belief that no such interest exists.

This good faith reliance shall apply to any payment to a named Beneficiary even though:

1. You have not obtained the consent of a former spouse having a community interest; or,
2. You and your spouse subsequently divorce; or,
3. Your spouse dies after the date of execution of this designation; or,
4. You and your spouse subsequently sever your interest in the community.

### Qualified Pre-Retirement Survivor Annuity (QPSA) Information

This form assumes that your plan provides for a QPSA of 100% of your vested account balance at death. Plan documents may differ in their provisions concerning such items as revocability of spousal consent, the minimum percentage for a QPSA, and other significant matters. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Many plan documents provide that if you do not waive the QPSA benefit then your spouse has the option to choose the QPSA or another form of available distribution under the plan. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Your plan provides that a Qualified Pre-Retirement Survivor Annuity (QPSA) be paid to your spouse in the event that your death occurs before the benefit under the plan becomes payable. A portion of the value of your vested account balance at death (between 50% and 100%, according to your plan) is used to provide a monthly payment to your spouse for life. This form of benefit is a "life annuity."

You may elect a form of distribution other than a QPSA if your plan allows. In order for such an election to be effective, it must be in writing and must include the consent of your spouse, witnessed by a plan representative or a Notary Public.

The plan may provide that any such election may be revoked at any time, thereby reinstating the QPSA. You may choose to decline the automatic QPSA, but only under certain circumstances, as described below. The period during which you may elect to decline the automatic QPSA starts on the latest of:

1. The first day of the plan year in which you attain age 35, or
2. The date on which you first become a participant, or
3. The date on which you are married.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

### Information for Plan Participant *(continued)*

Your election period ends at the earlier of:

1. Your death, or
2. Your annuity starting date.

However, if you separate from service of the plan sponsor prior to attaining age 35, the election period begins on your separation from service.

**Note:** If you are under age 35, you also may elect (with appropriate written spousal consent) to decline the automatic QPSA. This election expires at the beginning of the plan year in which you attain age 35, unless you then renew the election and the spousal consent. If you are under age 35 and you want to make this election, you must:

1. Notify the plan representative,
2. Secure written spousal consent, and
3. During the plan year in which you attain age 34, if you wish to renew your election so that it extends beyond the first day of the plan year in which you attain age 35, you will need to complete this form again.

#### Financial Effect of a Married Participant's Election to Waive QPSA

If you are married and do not waive the QPSA, the plan will pay your surviving spouse the QPSA. The QPSA will not pay any further benefits after your spouse dies.

If you are married and waive the QPSA (with spousal consent), your entire vested account balance will be paid to your designated Primary Beneficiary (or Beneficiaries) then living, otherwise to the next class of living Beneficiaries you designate. If any amount remains in the plan when your Beneficiary (or Beneficiaries) die, the remaining benefit will be paid under the terms of your elections herein if specified or, if not so specified, under the terms of the plan. You may designate different Beneficiaries to receive their respective portions of your vested account balance under the plan.

### Participant Marital Status

If you are married, federal law (and/or the terms of your plan) generally requires that death benefits from the plan be paid to your spouse when you die.

Married.

If you are married and have designated a Beneficiary other than, or in addition to, your spouse, your spouse's signature is required in order to complete your designation. And/or, if you elected a pre-retirement death benefit other than a life annuity, your spouse's signature is required in order to complete your designation. **Your spouse's consent must be witnessed by a plan representative or a Notary Public.**

Married but unable to locate my spouse.

If you are married and cannot locate your spouse, spousal consent is not required to elect a form of distribution other than QPSA; however, your election must be witnessed by a plan representative or a Notary Public. Your plan representative may request evidence for the plan's records.

Unmarried.

Because your spouse would have certain rights to your death benefit, your Beneficiary designation(s) becomes invalid if you are married at the time of your death, unless your spouse has consented in writing to your designations. You should immediately inform your plan representative of any change in your marital status.

### Election of Pre-Retirement Death Benefit

I hereby elect a form of pre-retirement death benefit **other than** a life annuity. If married, I hereby waive the QPSA.

Option 1 – Lump Sum.

Option 2 – Certain and Life Annuity. The period certain (select a period) is to be  5  10  15 years.

Monthly payments are to continue for the life of my Primary Beneficiary (or Beneficiaries). If my Primary Beneficiary (or Beneficiaries) should die before the end of the certain period, monthly payments are to continue to my secondary Beneficiary (or Beneficiaries) in the same amount for the remainder of the period. If the last living payee dies before all period certain monthly payments are made, that last payee's estate will receive those payments.

Option 3 – Discretionary. The form of benefit shall be elected by my Beneficiary (or Beneficiaries) upon my death.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**Beneficiary Designation**

Complete this section to designate a Beneficiary or Beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.) and date of birth.  
 Benefits are payable to the survivors within the highest class (Primary, Secondary or Tertiary) in equal shares unless specified otherwise here. The rights of other Beneficiaries shall terminate upon such payment.  
 The Beneficiary or Beneficiaries for the benefit payable at my death shall be as follows:

**Primary Beneficiary**

1. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

2. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

3. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no primary Beneficiary is living at the time of your death, benefits will be paid to the second class of Beneficiaries.*

**Secondary Beneficiary**

1. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

2. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

3. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no secondary Beneficiary is living at the time of your death, benefits will be paid to the tertiary class of Beneficiaries.*

**Tertiary Beneficiary**

1. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

2. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

3. NAME (FIRST, M.I., LAST) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_  M  F \_\_\_\_\_ %  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_



**Participant Signature**

By signing below, I hereby designate the Beneficiary (or Beneficiaries) as listed; that I am electing a form of pre-retirement death benefit other than a life annuity (if the "Election of Pre-Retirement Death Benefit" section is completed); and certify that the marital status I've indicated is correct. In the event of my death, I authorize the plan representative to make distributions to the listed Beneficiary (or Beneficiaries), but acknowledge that if spousal consent to my designation is required, such designation is invalid unless my spouse has consented in writing and such consent is witnessed by a plan representative or a Notary Public.

Participant's Printed Name \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** If you certified that you are married, but you are unable to locate your spouse, **your election must be witnessed by a plan representative or a Notary Public.**

Witnessed by:

Plan Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Spousal Authorization**

Select ALL applicable:

I am the spouse of the plan participant named above and understand that my spouse is designating a Beneficiary other than, or in addition to, myself. I approve of and consent to the designation of all Beneficiaries listed in the "Beneficiary Designation" section. If applicable, I hereby transfer any community property interest I have in, or would otherwise acquire in, this account into the separate property of my spouse for disposition consistent with this designation. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I am the spouse of the plan participant named above and consent to the election of a pre-retirement death benefit other than a QPSA. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I understand that, but for this consent, should my spouse die before his or her benefit commencement date under the plan, I would be entitled to receive a surviving spouse's benefit in the form of a life annuity. I have been provided with all information that I may have requested from the plan administrator as to the economic effect of my consent and as to whether I may revoke my consent. I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I survive the participant. I have participated in the participant's decision to designate a Beneficiary other than me and/or to decline coverage under the QPSA form of benefit.

Spouse's Printed Name \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by:

Plan Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Instructions for Plan Representative**

Retain the original Beneficiary Designation with your plan's important documents. American United Life Insurance Company® does not require a copy for its records.

## *Instructions for Completion of Participant Enrollment Forms*

### Page 23, C. Employment Information

Check New Participant and enter, to the best of your knowledge, the date you first became a Southern Methodist Minister or Annual or General Conference employee.

### Page 24, D. Participation and Investment Options and Contributions

Check first box, put 3% in the first blank.

### Page 24, E. Acknowledgment and Authorization

Check YES at bottom and sign and date.

Pages 25-27 This is where you choose how you want your personal money invested. Your investment options **MUST add up to 100%** at the end. The AmCent LIVESTRONG funds on the bottom of page 27 followed by numbers represent target dates closest to your projected retirement date. You can choose ONE of these and put 100% of your money into it and AUL will develop a portfolio for you, more aggressive at first, then more concertative the closer you get to retirement age. (If you need any help with this section, just give the Plan Administrator a call. AUL cannot assist you with investment advice).

Page 28 - Sign and date.

Page 31 - Plan Name: The Pension Plan of the Southern Methodist Church  
Plan Number : G75542

### Page 32, Beneficiary Designation

Check Initial Election at top. If you are married, your spouse **MUST sign at bottom**. The Plan Administrator can serve as the witness.

### Page 33, Salary Deferral Agreement

At the top, the Employer is YOUR church or Conference.

Page 33, 1. Put 3% in the first blank. The Plan Administrator signs at bottom.

Return ALL completed forms to the Plan Administrator for authorization and signatures. They will then be forwarded to AUL for enrollment. Return to:

Rev. Dr. Paul D. Thigpen  
Plan Administrator/Treasurer

**212 Walnut Lane  
Columbia, SC 29212**

Remember that a **Quarterly Contribution Form** must also be sent to the above address by your church or employer along with your first contribution **PRIOR TO THE END OF EACH QUARTER** to ensure that you receive your Pro-rata shares for each quarter.

That's it! You're done.

Thanks for caring about your future needs.