



# ARPC Retirement Plan Enrollment Form

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 • Phone: 800.789.8765 • Fax: 678.825.1261

<b>1 - Employee Information</b>									
First Name			Middle			Last Name			
Suffix		Nickname		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address			City			State		ZIP	
Personal Email			Personal Phone Number			Working 30+ hrs/week <input type="checkbox"/> Yes <input type="checkbox"/> No		W-2 Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office Email			Office Phone Number			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		SSN	
Job Description		Date of Hire	*Annual Taxable Salary \$		*Annual Non-Taxable Housing Allowance - if Ordained \$				
If Minister: Presbytery Name:				If Ordained: Date of Ordination					
Prior ARP Employer/Position/End Date - if applicable									
*Please call our office if you have questions about what to enter as <b>Taxable</b> or <b>Non-Taxable</b> compensation. 800-789-8765									
<b>2 - Spouse Information</b>									
First Name			Middle			Last Name			
Nickname			Date of Birth			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Email				Phone Number					
<b>3 - Employer Information</b>			Complete this section with information about the hiring Church or organization. The employer must be an ARPC organization.						
Name of Employer						Org ID - if known			
Mailing Address									
City		State		ZIP		Employer Phone Number			
Employer Contact Name				Employer Contact Email					
<b>4 - Beneficiary Information</b> If you need additional explanation or additional spaces for multiple beneficiaries, please use the PCA Group Beneficiary Designation Form at <a href="http://www.pcarbi.org/resources/forms">www.pcarbi.org/resources/forms</a> .									
<b>Primary Beneficiary</b>									
Name			DOB			Email			
Address			Relationship to You			Percent Designation ___ Per Capita ___ Per Stirpes			
<b>Secondary Beneficiaries</b>									
Name			DOB			Email			
Address			Relationship to You			Percent Designation ___ Per Capita ___ Per Stirpes			
Name			DOB			Email			
Address			Relationship to You			Percent Designation ___ Per Capita ___ Per Stirpes			
<b>5 - Signature</b>			Employee Signature is required for processing by PCA Retirement & Benefits (RBI).						
Employee Signature						Date:			
Please do not remit a Retirement Plan contribution before notification of the account being open and ready to receive contributions.									
<b>6 - Submit form to RBI for Processing</b>			You may submit forms by US Mail or by FAX but our preference is by Email attachment.						
To submit as secure Email attachment, request a secure link by emailing <a href="mailto:enrollment@pcarbi.org">enrollment@pcarbi.org</a> . FAX: 678-825-1261									
<b>7 - RBI Use Only</b>		Org ID		Participant ID		Processed By			