

403(b) APPLICATION FOR CATCH-UP

Concordia Retirement Savings Plan

1009634-01

Participant Information

Last Name	First Name	MI	Social Security Number
Address – Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year
() Home Phone	() Work Phone	Date of Birth	

Payroll Information

Note: You may elect Service Catch-up AND Age 50 Catch-up if you qualify for both. If you stop deferrals and/or do not defer the maximum amount allowed for regular deferrals within a calendar year, the catch-up contributions you may have requested will not be considered catch-up contributions.

Service Catch-Up Election

I elect Service Catch-up. I understand that to be eligible for the Service Catch-up option I must have completed 15 or more years of service within the LCMS. I also understand that I must satisfy this catch-up option if I have the 15 years or more of service and have not yet satisfied the lifetime maximum limit of \$15,000. My current employer is an educational organization, hospital, home health service agency, health and welfare service agency, church, or convention or association of churches.

Column A	Column B	\$15,000.00	Column C	\$5,000.00
	minus all prior Service Catch-up amounts \$ _____		times number of years of service with your current employer _____ minus all prior years' elective deferrals (to 403(b), 401(k) and SEP plans) \$ _____	
\$3,000.00	\$	\$		\$

Total Service Catch-up amount in 2008 \$ _____ is the **lesser** of the amounts indicated in Column A, Column B, and Column C. This amount will be divided by the remaining number of pay periods during the calendar year.

Age 50 Catch-Up Election

I elect Age 50 Catch-up. I understand that to be eligible for the Age 50 Catch-up option I must be age 50 or older during this calendar year and have satisfied the Service Catch-up, if applicable and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. I understand that I may contribute up to \$5,000.00 in 2008.

Total Age 50 Catch-up amount \$ _____. This amount will be divided by the remaining number of pay periods during the calendar year.

Payroll Effective Date: _____
 Mo Day Year

Required Participant Signature - I have read, agree to, and understand all pages of this form. This agreement shall apply to all compensation paid from the effective date specified until the end of the calendar year unless cancelled, superseded, or you cease to be an eligible employee.

I understand that I may change the amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits. This agreement supersedes all previous agreements.

 Participant Signature Date

Required Plan Administrator Signature - I affirm that this participant is eligible for catch-up contribution(s) as indicated above.

 Authorized Plan Administrator Signature Date

Participant forward to Payroll Department or Congregation Treasurer