

This is a legal document involving your own retirement money and a death benefit. **All entries must be completed, correct and legible, either typewritten or printed in ink. Any missing information may delay processing.** Once you have met all of the eligibility requirements, you will receive a notice of enrollment. If your personal information changes, please call the Fund at 800-RET-YMCA (800-738-9622).

1. EMPLOYEE INFORMATION

First Name _____ Middle _____ Last Name _____ Date of Birth (mm/dd/yyyy) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Email (personal email preferred) _____

Name of your YMCA _____

Job Title _____ Original Date of Hire (mm/dd/yyyy) _____

Complete this statement only if it applies to you. It may establish additional benefits:

I was previously an employee of the _____ YMCA

City _____ State _____ from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

2. SIGNATURE AND ACCEPTANCE OF TERMS

If at any time contributions are required under the YMCA Retirement Fund 401(a) Retirement Plan and my YMCA's agreement, I authorize my employing YMCA to deduct from my earnings the required amounts and forward same to the YMCA Retirement Fund 401(a) Retirement Plan together with the YMCA's contributions. I agree to be governed by the Bylaws of the Fund and the 401(a) Retirement Plan and its Rules and Regulations, as now in force or hereafter amended.

YOUR SIGNATURE _____ Date (mm/dd/yyyy) _____

3. CHIEF EXECUTIVE OFFICER OR DESIGNEE

Carefully examine all entries on this application. You are verifying the accuracy of a legal document. "Effective Date of Application" is always the first day of the month (can be backdated to indicate the first full month of eligibility).

Present Salary \$ _____ Hourly Annual

Effective Date of Application _____ Date (mm/dd/yyyy) _____ YMCA Number _____

CHIEF EXECUTIVE OFFICER SIGNS _____ Date (mm/dd/yyyy) _____

This application should be kept on file at the YMCA. Do not send it to the YMCA Retirement Fund.