



## ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE OF NORTH AMERICA

*"Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres."*

### **Retirement Plan for Clergy and Specified Lay Employees**

The Department of Clergy Insurance and Retirement has been working diligently with Merrill Lynch to improve and simplify the process of submitting contributions of parishes and clergy to the Clergy Retirement System. We are pleased to announce some changes to the investment platform structure for the Archdiocese sponsored Retirement Plan. Merrill Lynch will have a representative present at the Clergy Symposium to collect all the completed forms and to answer any questions. Please make sure to complete the forms attached in the email and bring them with you to the Clergy Symposium. Pastors not attending the Symposium are to mail the package to the Archdiocese to the attention of Fr. Paul Matar by July 20, 2018.

You will now have access to two individual options intended to grant you greater control and access to your retirement account.

#### Option #1

- An individual account with "RECORDKEEPER" through which you will be provided a range of investment options.
- This option will include a default investment intended to allocate your contributions based on your projected date of retirement and risk tolerance.
- Full online access through to directly manage your contributions and investments through the "RECORDKEEPER" website.
- Quarterly statements to be mailed to your home by "RECORDKEEPER".

#### Option #2

- An individual brokerage Retirement Cash Management Account (RCMA) account with Merrill Lynch
- This option will allow you to work with our financial advisors at Merrill Lynch to determine an appropriate risk based portfolio for your individual needs.
- Monthly brokerage statements to be mailed to your home

*"The disciples were first called Christians in Antioch" (Acts 11: 26)*

The pastor has full decision rights to elect option #1 or #2; however, if you fail to indicate your option by September 1, 2018, the balance of your funds will be transferred to “RECORDKEEPER-Transamerica” by October 1, 2018. The Archdiocese will not be able to process any contribution sent as written checks after October 1, 2018 and will not be able to deposit any checks. The checks will be voided and returned to the mailing address.

Included with this notification are the following regulatory disclosure notices and additional forms to be completed and returned to the Archdiocese.

- 404(a)(5) disclosure (to follow)
- 408(b)(2) fee disclosure (to follow)
- Merrill Lynch Client Collection Form
- Electronic Contribution Form
- Beneficiary designation form

Please note that if you are already enrolled in as individual account and not in the pool, no change is necessary and you only need to complete the Electronic Contribution Form.

Should you have any questions related to this change or any of the materials enclosed, please contact the Merrill Lynch team below:

1-TWN Wealth Management Group team at (201) 592-3802

2-For collection and payment info please contact Fr Paul at (201)871-1355 or at [frpaul@antiochian.org](mailto:frpaul@antiochian.org)

*“The disciples were first called Christians in Antioch” (Acts 11: 26)*

358 Mountain Road, P.O. Box 5238, Englewood, NJ 07631-5238  
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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Parish and Pastor's 401(k) Retirement Contribution:

We, the faithful of  would like to participate in the Electronic Funds Transfer for the 401(k) parish/pastor contribution and match. We have attached a **voided blank check**. The deduction of funds will occur on the 1st of each month.

### **Parish Information:**

Name of Parish (As appearing on the Bank Account)

Address:  City:  State:  Zip:

Email:

### **Pastor's Information:**

Full Name: *(official Name as on driving license)*  Name: *(if different than driving license)*

Address:  City:  State:  Zip:

Email:

### **Bank Account Information:** *(Please attach a voided check)*

Bank:

Routing Number:  Account Number:   Checking Account OR  Saving Account

### **Amount Deducted Monthly:** *(1st of month)*

Standard:  \$100 Pastor's Contribution **AND**  \$ 100 Parish Contribution

**OR**

Different amount Pastor's Contribution \$  **AND** Parish Contribution \$

## Plan Provisions

You are permitted to defer a portion of your compensation to the Plan. The Plan allows you to designate the deferrals as either regular 401(k) deferrals (pre tax) or Roth 401(k) deferrals (after tax). The definition of compensation that is used for this purpose is described in more detail in another document that is called the Summary Plan Description.

Modifications to the Agreement are permitted prior to the first day of any pay period. You are also permitted to revoke your Agreement at any time during the Plan Year.

The Plan permits you to defer your compensation up to the maximum amount allowed by law.

The law imposes a dollar limit on the amount you may defer in any calendar year. This amount may be adjusted annually to reflect cost-of-living increases announced by the IRS. Any questions regarding this election should be directed to the Administrator. The Plan also permits you to make "catch up" contributions if you are, or will be, at least age 50 during a calendar year. These are additional amounts that you may defer, up to an annual limit imposed by law, regardless of any other limits imposed by the Plan.

**Type of Deferral.** The deferrals selected will be: *(please choose only one)*

- Pre-tax 401(k) Deferrals
- Roth 401(k) Deferrals (After-Tax)

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, direct deposit receipt, etc.) to confirm the Employer has properly implemented my salary deferral election. Furthermore, I have a duty to inform the Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand the Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Deferral Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

### Signature:

Name and Signature of Parish Council Chairperson:

Name and Signature of Parish Council Treasurer:

Name and Signature of Pastor:

Administrator: *(for Plan administration only)*

Date/Time

# Antiochian Orthodox Christian Archdiocese Clergy Retirement Plan Participant Form

*(to be filled by the pastor participant)*

## Pastor Information:

Full Name *(as on Driver license)*  Date of Birth   
Social Security Number   
Address   
City  State  Zip Code   
Phone Number  Email *(Please use a personal email and not  
the church email)*

## Investment Option: *(Please Choose only one)*

Option 1

- An individual account with “RECORDKEEPER” through which you will have a variety of mutual fund offerings.
- This option will include a default investment intended to allocate your contributions based on your projected date of retirement
- Full online access manage your contributions and investments directly.
- Quarterly statements to be mailed to your home.

Option 2

- An individual brokerage Retirement Cash Management Account (RCMA) account with Merrill Lynch.
- This option will include your consulting and choice from a handful of wealth management portfolio strategies to be managed at the discretion of the financial advisor, Daniel Nigro and the TWN Wealth Management Group team.
- Monthly brokerage statements to be mailed to your home.

If you choose Option 2, you have to choose **one** of the risk based investment models below :

- CIO Conservative MF/ETF
- CIO Moderate MF/ETF
- CIO Aggressive MF/ETF
- CIO Moderately Conservative MF/ETF
- CIO Moderately Aggressive MF/ETF

A Merrill Lynch Financial Advisor will contact you once this form is submitted. The advisor will confirm your selection and answer any question or concern.

Please be advised that the Signature Field is the last one to be filled since you will not be able to digitally edit the form afterwards.

In order to complete the Form please use Adobe Acrobat Reader or Foxit reader available online as free downloads.

Date  Signature

**ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE OF NORTH AMERICA  
RETIREMENT PLAN FOR CLERGY AND SPECIFIED LAY EMPLOYEES**

**INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY**

These instructions will assist you in properly completing the DESIGNATION OF BENEFICIARY form.

1. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to or married to you, show relationship as "Friend."
2. If you wish to name your estate, insert "Estate" in the blank space.
3. Show a member of a religious order in this manner:

Mary L. Jones, niece, known in religious life as Sister Mary Agnes.

4. It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.
5. If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:

To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th day of May, 2000, including any amendments to the Trust.

6. More than one beneficiary -- here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your DESIGNATION OF BENEFICIARY form provides otherwise.

7. If none of the above is suitable, explain in the blank space what is desired, or attach a note.

Note: If you name a trust as a beneficiary, you also must provide additional information to the Administrator. The Administrator will notify you as to what additional information is needed.

Note: Unless you provide otherwise in completing the DESIGNATION OF BENEFICIARY form, all sums payable to more than one beneficiary will be paid equally to all beneficiaries.

**ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE OF NORTH AMERICA  
RETIREMENT PLAN FOR CLERGY AND SPECIFIED LAY EMPLOYEES**

**DESIGNATION OF BENEFICIARY**

**Participant Name:** \_\_\_\_\_

**Last 4 digits of Social Security Number:** \_\_\_\_\_ **Marital Status:**    ( ) Married        ( ) Unmarried

**1. Beneficiary designation**

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my vested Account Balance under the Plan payable by reason of my death:

<b>Primary Beneficiary(ies) [include address and relationship]:*</b>		
<b>Name</b>	<b>Address</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Contingent Beneficiary(ies) [include address and relationship]:*</b>		
<b>Name</b>	<b>Address</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Note to Participant:*

1. *Estate planning.* You may wish to consult with a professional tax advisor before completing this form.
2. *Effect of divorce.* A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless a qualified domestic relations order provides otherwise.
3. *Effect of marriage.* See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary beneficiary. If you are unmarried at the time of your designation, your beneficiary designation will cease to be effective immediately upon your marriage unless you have designated your spouse as beneficiary.
4. *Trust beneficiary.* If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The administrator will provide you or the trustee with the additional forms you must complete.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Plan will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no such designated beneficiary survives me, then the Plan will pay all such amounts in accordance with the Plan terms. I understand that, unless I have provided otherwise above, the Plan will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

**2. Acknowledgement/Authorization**

\_\_\_\_\_  
Date of this Designation

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

IF YOU ARE MARRIED, SEE THE NEXT PAGE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

NOTE: This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in your beneficiary designation.

CONSENT OF SPOUSE
[to non-spouse primary beneficiary]

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read and understand the Designation of Beneficiary. I understand the property subject to the Designation of Beneficiary is my spouse's account balance under the Plan. I also understand that if my spouse predeceases me, my spouse's entire account in the Plan will become my property unless I give my written consent below for the vested account balance to pass to another beneficiary. Being fully satisfied with the provisions of the Designation of Beneficiary, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I understand that my consent is irrevocable unless my spouse changes the Designation of Beneficiary. I understand that if my spouse changes the Designation of Beneficiary to someone other than me (the spouse) as the sole primary beneficiary (Spouse must choose one of (a) or (b) below):

- (a) [ ] Additional consent required. I must execute and file with the Administrator a similar consent to any new Designation of Beneficiary or the Participant's new Designation of Beneficiary is ineffective and I will be the sole primary beneficiary.
(b) [ ] No additional consent required. I waive my right to withhold my consent to any and all future changes my spouse makes to the Designation of Beneficiary. I understand that I have the right to limit my consent to the naming of the specific beneficiary in this Designation of Beneficiary by choosing (a) above.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTE: In order to consent, there must be a witness to spouse's consent by either a Plan Representative OR a Notary.

Print Name of Participant's Spouse \_\_\_\_\_

Signature of Participant's Spouse \_\_\_\_\_

Witness by Plan Representative.

Signature of spouse witnessed this \_\_\_\_\_

Signature of Plan Representative \_\_\_\_\_

OR

Witness by Notary.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above spouse's consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

(SEAL)

My Commission expires: \_\_\_\_\_