

**Assemblies of God U.S. Missions
2010 MBA Contribution Election**

Estimated Compensation for 2010 (Not including employer contributions or Housing Allowance)

Participant's Signature

Date

Employer's Signature

Date

Assemblies of God U.S. Missions 2010 MBA Contribution Election

Estimated Compensation for 2010 (Not including employer contributions or Housing Allowance)

GENERAL PARTICIPANT INFORMATION

Last Name _____ First _____ Middle _____
 SS # _____ Birth date _____ Gender: Male Female
 Mailing address _____
Street or P O Box City, State, Zip
 Home phone (____) _____ Email _____ Credential # _____

DESIGNATION OF BENEFICIARY

The following individual(s) shall be my beneficiary(ies). *Please check primary or contingent.* If any primary beneficiary predeceases me, the contingent beneficiary(ies) shall acquire the designated share of my account. **If you listed a trust as your beneficiary, you agree to provide a copy of the trust document and all future amendments in a timely fashion.** If your primary beneficiary is an individual (as opposed to a trust), a contingent beneficiary should be designated. (If you are married and your spouse is **not** your primary beneficiary, spousal signature is required): _____

Spouse's Signature

<input type="checkbox"/>	Primary	Name	_____	Social Security #	_____
<input type="checkbox"/>	Contingent	Address	_____	Date of Birth	_____
	% Share		_____	Relationship	_____
<input type="checkbox"/>	Primary	Name	_____	Social Security #	_____
<input type="checkbox"/>	Contingent	Address	_____	Date of Birth	_____
	% Share		_____	Relationship	_____
<input type="checkbox"/>	Primary	Name	_____	Social Security #	_____
<input type="checkbox"/>	Contingent	Address	_____	Date of Birth	_____
	% Share		_____	Relationship	_____
<input type="checkbox"/>	Primary	Name	_____	Social Security #	_____
<input type="checkbox"/>	Contingent	Address	_____	Date of Birth	_____
	% Share		_____	Relationship	_____

Attach additional sheet, if needed, for beneficiary designations.

Please check one:

If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other children in equal shares **OR**

If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her issue (my grandchildren) by right of representation.

The payor may rely fully on this designation, and I agree to promptly notify the payor if there is any change in the status of any primary or contingent beneficiary.

SIGNATURE (scanned separately, please sign below)

Participant's Signature _____ Date _____