



Adoption Agreement for Local Church/Salary-Paying Unit Sponsorship of Clergy

United Methodist Personal Investment Plan (UMPIP)

Part 1 – General Information *(Please print.)*

1.1 Name of plan sponsor _____

1.2 Organization type *(choose one)*:

- Church
- Conference
- District Office
- Other 501(c)(3) United Methodist Church related organization—attach a copy of the IRS 501(c)(3) determination letter or a letter from the General Council on Finance and Administration (GCFA) indicating your inclusion as a United Methodist 501(c)(3) organization *(choose one)*:
 - Qualified Church-Controlled Organization*
 - Non-Qualified Church-Controlled Organization**

1.3 Federal employer identification # _____ - _____ - _____ - _____ - _____ Employer # _____

1.4 Plan sponsor mailing address _____

1.5 Plan sponsor billing address, if different from mailing address _____

1.6 Plan sponsor telephone # (_____) _____

1.7 Name and title of contact person(s) _____

1.8 Contact person(s) telephone # (_____) _____

1.9 Contact person(s) e-mail address _____

1.10 Conference affiliation, if any _____

* A "Qualified Church-Controlled Organization" (e.g., foundation, camp community center, counseling/rehabilitation center, etc.) is an organization which is controlled by, a part of, or affiliated with The United Methodist Church and which: a) does not offer goods, services or facilities for sale, other than on an incidental basis, to the general public, other than goods, services or facilities which are sold at a nominal charge which is substantially less than the cost of providing such goods, services or facilities, and b) does not normally receive more than 25% of its support from either: 1) governmental sources, or 2) receipts from admissions, sales of merchandise, performance of services or furnishing of facilities, in activities which are not unrelated trades or businesses, or both.

** A "Non-Qualified Church-Controlled Organization" (e.g., a college, nursing home, hospital, retirement center) is a United Methodist-Affiliated organization that is not a Qualified Church-Controlled Organization.

Part 2 – Participant Contributions

- 2.1 Eligibility.** All clergy may make before-tax, Roth and/or after-tax contributions to UMPIP as soon as they begin to serve the local church/salary-paying unit adopting the plan and complete a *Contribution Election* form.
- 2.2 Automatic Enrollment for Participant Contributions.** A local church/salary-paying unit that remits both plan sponsor and participant contributions may choose to automatically enroll participants who fail to return a *Contribution Election* form in which they otherwise enroll or decline to participate.

Note: *This election must apply to all clergy covered under this adoption agreement. Please contact Wespath Benefits and Investments (Wespath) for a complete explanation of administrative requirements for automatic enrollment. (Choose one.)*

- No automatic enrollment for participant contributions
- Automatic enrollment for participant contributions at (enter from 1% to 5%) _____ % of plan compensation on a before-tax basis

Part 3 – Plan Sponsor Contributions

3.1 Sponsorship and Remittance

- We will sponsor UMPIP for plan sponsor contributions and remit those contributions to Wespath
- We will not sponsor UMPIP for plan sponsor contributions (*skip to Part 4*)

3.2 Eligible Group and Type of Plan Sponsor Contributions. The plan sponsor will make contributions to the plan according to one or more of the following formulas [*indicate choice(s) below*]:

3.2a **Clergy appointed full-time**

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0–4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%–99%) (_____ % maximum)			

3.2b **Clergy appointed to ANY less than full-time appointment**

(**Note:** *If you make an election in 3.2b, skip to Part 3.3.*)

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0–4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%–99%) (_____ % maximum)			

¹ Percent of plan compensation (taxable cash compensation plus housing or parsonage value, plus before-tax salary deferrals minus compensation in lieu of conference providing group health plan)

² The plan sponsor reserves the right to make a contribution by June 15 for the prior calendar year for all eligible participants. The amount, if any, must be declared by May 1 for the prior calendar year. (Specify contribution formula on *Discretionary Contribution Election Form* for clergy.)

3.2c **Clergy appointed three-quarter time**

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0-4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%-99%) (_____ % maximum)			

3.2d **Clergy appointed half-time**

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0-4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%-99%) (_____ % maximum)			

3.2e **Clergy appointed one-quarter time**

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0-4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%-99%) (_____ % maximum)			

3.2f **Clergy appointed less than one-quarter time**

<input type="checkbox"/> Matching (<i>choose one</i>)	<input type="checkbox"/> Non-Matching	<input type="checkbox"/> Conditional	<input type="checkbox"/> Discretionary
<input type="checkbox"/> 50% up to 6% ¹ (3% maximum)	<input type="checkbox"/> _____% ¹ (1% or greater)	<input type="checkbox"/> _____% ¹ (1% or greater) if participant contributes at least _____% ¹ (0-4%)	Plan sponsor reserves the right to contribute ²
<input type="checkbox"/> 100% up to 6% ¹ (6% maximum)			
<input type="checkbox"/> _____% (1% or greater) up to _____% ¹ (1%-99%) (_____ % maximum)			

¹ Percent of plan compensation (taxable cash compensation plus housing or parsonage value, plus before-tax salary deferrals minus compensation in lieu of conference providing group health plan)

² The plan sponsor reserves the right to make a contribution by June 15 for the prior calendar year for all eligible participants. The amount, if any, must be declared by May 1 for the prior calendar year. (Specify contribution formula on *Discretionary Contribution Election Form* or clergy.)

3.3 Vesting. Participant and plan sponsor contributions are immediately 100% vested.

Part 4 – Plan Sponsor Acknowledgements

By executing this adoption agreement, the local church/salary-paying unit hereby acknowledges, understands and agrees that:

- 4.1 Upon acceptance of this adoption agreement by the General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois (Wespath), the local church/salary-paying unit will become a plan sponsor for all of its clergy for participant contributions and for plan sponsor contributions as specified.
 - 4.2 The plan sponsor will comply with UMPIP, as amended periodically, and the rules, regulations and procedures promulgated by Wespath, or its successors.
 - 4.3 If UMPIP is amended in accordance with its amendment provisions, Wespath may (but need not) require the plan sponsor to execute a new adoption agreement.
 - 4.4 Both Wespath and the General Conference of The United Methodist Church have the right to terminate UMPIP at any time in accordance with UMPIP provisions.
 - 4.5 Wespath has the right to terminate the plan sponsor's sponsorship of UMPIP if the plan sponsor fails to satisfy its responsibilities under UMPIP.
 - 4.6 In the event of any discrepancies between this adoption agreement and the UMPIP plan document, the plan document will control.
 - 4.7 The plan sponsor may terminate its sponsorship of UMPIP as of a specified date after giving at least 90 days advance written notice to Wespath and at least 30 days written notice to its participants of its intent to terminate.
 - 4.8 The plan sponsor will offer enrollment to clergy in UMPIP as of the effective date of appointment to the church/ salary-paying unit.
 - 4.9 The plan sponsor or the applicable conference will maintain records reflecting participant service and compensation and provide data relevant to plan administration to Wespath in a timely manner.
 - 4.10 The plan sponsor will remit contributions to Wespath in a timely manner as required by UMPIP. Late contributions may require payment of investment earnings and fees as specified in UMPIP and applicable policies.
 - 4.11 The plan sponsor will limit total before-tax and Roth contributions to UMPIP to the annual dollar limit under Internal Revenue Code (Code) section 402(g).
 - 4.12 To the extent that the plan sponsor is a salary-paying unit other than a local church and not a Qualified Church-Controlled Organization:
 - The plan sponsor is responsible for conducting any nondiscrimination testing required by Code Section 401(a)(4).
 - The plan sponsor is responsible for conducting any other nondiscrimination testing required by the Code.
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Part 5 – Effective Date

- 5.1 **Initial Agreement.** The plan sponsor agrees to begin participating in UMPIP as of _____ 1, 20____.
(Date must be the first of a month but no earlier than January 1 of the current year.)
- 5.2 **Amendment of Agreement.** Amendments to the adoption agreement cannot decrease a participant's account balance/vested interest or eliminate a protected optional form distribution. The effective date of this amendment is _____ 1, 20____. (Date must be the first of a month but no earlier than January 1 of the current year.)
Amendments should be submitted at least 15 days prior to the beginning of the month in which they are effective.

Part 6 – Adoption

The undersigned, on behalf of the local church or salary-paying unit named in Part 1.1, hereby declares a desire to sponsor UMPIP for clergy and hereby certifies that the appropriate governing board and/or officers have authorized sponsorship as of the effective date indicated in Part 5.

Authorized signature _____ Date _____

Print name of signatory _____ Title _____

Primary phone # (____) _____

Part 7 – Wespeth Signatures

The General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois (Wespeth), hereby accepts this adoption agreement submitted by the local church/salary-paying unit named in Part 1.1, and accepts that organization as one of the adopters and plan sponsors of UMPIP.

Authorized signature _____ Date _____

Authorized signature _____ Date _____

Please complete this form and send it by:

- E-mail (scanned copy) to retservices@wespath.org,
- Fax to **1-847-730-0490**, or
- Mail to: Wespeth Benefits and Investments
Attention: Retirement Services
1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.