



**Free Methodist Church of North America
Defined Benefit Pension Plan**

Participation Waiver

Please review and carefully consider this waiver prior to signing the form and submitting it to the Human Resources office within three months of date of hire. By signing this waiver, you are acknowledging that you understand the irrevocable nature of this form, the possible ramifications of this election and are knowingly forfeiting your rights to any retirement benefits from the Free Methodist Church of North America Defined Benefit Pension Plan.

I, _____, understand that I am eligible for participation in the Free Methodist Church of North America Defined Benefit Pension Plan. I have chosen to decline participation in the Plan based on the following:

_____ I am currently eligible to receive retirement benefits from a retirement plan maintained by an employer who is not the Free Methodist Church of North America.

_____ I have cultural traditions, patterns or expectations that do not violate the non-discriminatory procedures and rules established by the Pension Board.

By signing this form, I am declaring that I have given this careful consideration and review and further understand that this is an irrevocable decision and I will not be entitled to any benefits from this plan. I hereby waive my right to participate and forfeit my right to any retirement benefits in the Free Methodist Church of North America Defined Benefit Pension Plan.

Employee's Signature

Date

Spouse's Signature

Date

By signing this form, I am acknowledging that I have been informed of this employee's irrevocable decision to waive participation in the Free Methodist Church of North America Defined Benefit Pension Plan and that I support such decision.

Superintendent's Signature

Date

Bishop's Signature

Date