YMCA RETIREMENT FUND

APPLICATION TO PARTICIPATE IN THE YMCA RETIREMENT PLAN

Instructions to Applicant *(All entries must be correct and legible, either typewritten or printed in ink.)*

This is a legal document involving your own retirement money and a death benefit. Provide all information requested. Review it for omissions or errors to avoid delays in processing. An error in the date of birth may work against your future benefits. Proof may be required at any time. 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.

Personal and Employment Information

☐ Mr ☐ Ms
☐ Mrs ☐ Miss _____
Name (First Middle Last)

☐ Male ☐ Single ☐ Widow(er)
☐ Female ☐ Married ☐ Legally Divorced

Date of Birth ___/___/___ (mm/dd/yyyy)

☐☐☐-☐☐-☐☐☐☐ Social Security #

_____
Address (Street, City)

_____
(State) (Zip) (Home Phone) (Email)

_____
Name of YMCA

_____ Original Date of Hire ___/___/____
Job Title (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

_____ from ____/____/___to____/___/____.
(City) (State) (mm/dd/yyyy) (mm/dd/yyyy)

Signature and Acceptance of Terms ***(sign only if your YMCA has a YMCA/Employee Shared agreement)***

If at any time contributions are required under the YMCA Retirement Fund 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 Retirement Plan together with the YMCA's contributions. I agree to be governed by the Constitution and Bylaws of the Fund and the Retirement Plan and its Rules and Regulations, as now in force or hereafter amended.

SIGN **Participant Signature** _____ **Date** _____

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).

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

Present Salary _____ ☐ Hourly ☐ Annual Effective Date of Application _____/_____/_____ (mm/dd/yyyy) Association Number _____

SIGN **Chief Executive Officer Signature** _____ **Date** _____
(If applicant is the Chief Executive Officer, the Board President or Chair should sign)

ASR1 5/06

YMCA Retirement Fund
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