

# APPLICATION TO PARTICIPATE IN THE YMCA RETIREMENT PLAN

This is a legal document involving your own retirement money and a death benefit. **All entries must be completed, correct and legible, either typewritten or printed in ink. Any missing information may delay processing.** 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 (800-738-9622).

## 1. EMPLOYEE INFORMATION

Male   
  Female   
  Single   
  Married   
  Divorced   
  Widowed

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name of your YMCA \_\_\_\_\_

Job Title \_\_\_\_\_ Original Date of Hire (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number --

**Complete this statement only if it applies to you.** It may establish additional benefits:

I was previously an employee of the \_\_\_\_\_ YMCA

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

## 2. SIGNATURE AND ACCEPTANCE OF TERMS

*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 Bylaws of the Fund and the Retirement Plan and its Rules and Regulations, as now in force or hereafter amended.*

### YOUR SIGNATURE

\_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. 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).

Present Salary \$ \_\_\_\_\_  Hourly  Annual

Effective Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Date (mm/dd/yyyy) YMCA Number \_\_\_\_\_

### CHIEF EXECUTIVE OFFICER SIGNS

\_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

