

# Savings Banks Employees Retirement Association

## MONEY PURCHASE PLAN APPLICATION FOR NON-RESPONDING ELIGIBLE PARTICIPANTS

The Employee named below is eligible for membership in the Savings Banks Employees Retirement Association (SBERA) Money Purchase Plan and has not returned the New Membership Application. This form is notification to SBERA of the participant's eligibility.

<b>SECTION 1</b>  <b>Employer Information</b>  To be completed by the employer as completely as possible	1. SBERA Bank (Member) Name:		2. SBERA Bank (Member) Plan No.	
	3. Employee Name:		4. SBERA Certificate No. (TO BE ASSIGNED)	
	5. Date Hired (MM/DD/YY)	6. No. of Years of employment with you with 1,000 or more hours of service	7. No. of Years of employment with you to be credited toward vesting (if applicable)	
	8. Has Employee ever worked for another participating SBERA Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes - Complete the following: Name(s) of SBERA Employer(s): _____ Exact Dates of Employment From _____ To _____ From _____ To _____  Was Employee a SBERA Plan Participant?  <input type="checkbox"/> No <input type="checkbox"/> Yes - Certificate No. _____			
<b>SECTION 2</b>  <b>Employee Information</b>  To be completed by the employer as completely as possible	9. Date of Birth (MM/DD/YY)	10 Age at last Birthday (Mo., Day, Yr.)	11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Social Security Number _____-_____-_____
	13. Address (Street, City, State, Zip Code) _____ _____			
	14. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's Name _____ Birthdate _____ Spouse's Social Security No. _____ - _____ - _____			
I, the undersigned Employer Representative, certify that this participant has met all eligibility requirements, has been given forms to enroll into the above named SBERA Plan, and has not returned said forms as requested by the Human Resource Department.  Employee became eligible to participate as of (date): _____  Signed _____ Date _____  Please print name here				

NOTE: If an employee returns the K1 form after this form has been submitted please instruct them to call the voice access system to designate their preferred electives otherwise contributions will be defaulted to the Money Market account. Forward the MP-1 form to SBERA indicating that the MP-1A form was previously sent.

SBERA: REC'D \_\_\_\_\_ ENT'D \_\_\_\_\_ INITIALS \_\_\_\_\_