

CO-OP RETIREMENT PLAN
APPLICATION FOR PARTICIPATION AND
BENEFICIARY DESIGNATION FORM

For Office Use Only

Group No. _____
 Entry Date _____
 Yrs. Past Service _____
 Wage _____

I. EMPLOYEE INFORMATION

Name:			Sex:
Address:	City:	State:	Zip:
Social Security Number:	Date of Birth:	Date of Employment:	
Employed by:	At (City, State):		
Spouse's Name (If no Spouse, Write "None"):			
Spouse's Date of Birth:	Spouse's Social Security Number:		

II. PREVIOUS RETIREMENT PLAN PARTICIPATION

- Were you ever a participant in the Farmland, Mid-America, or Co-op Retirement Plan? Yes No
- Were you ever a participant in an AGRI Retirement Plan, Agrilience Retirement Plan, or an ABC retirement plan (such as The Restated Noncontributory Retirement Plan for Cooperatives, The Restated Contributory Retirement Plan for Cooperatives, or The Modified Contributory Retirement Plan for Cooperatives)?
 Yes No

If you answered yes to either question, please provide details: _____

III. APPLICATION FOR PARTICIPATION AND AUTHORIZATION OF PAYROLL DEDUCTION

I hereby apply for participation in the Co-op Retirement Plan, for which I am or may be eligible, and hereby agree to all terms and conditions of said Plan and the related trust agreement. I hereby authorize _____ (my Employer) to deduct from my wages, salary, or earnings, and to transmit on my behalf to the Co-op Retirement Plan Retirement Committee, such amounts as may be payable by me under the provisions of the Co-op Retirement Plan.

Signature: _____

Date of Application: _____