

**APPLICATION FOR PARTICIPATION
RABBINICAL COUNCIL OF AMERICA PENSION PLAN
305 Seventh Avenue
New York, NY 10001**

Applicant

Title _____
_____ Rabbi ___ Cantor ___ Other _____
Home _____
Address _____
Telephone (____) _____
Fax Number (____) _____
Social Security Number _____ - _____ - _____
Date of Birth ____/____/____ Employment Date ____/____/____

Synagogue

Address _____
_____ _____
Telephone (____) _____
Fax Number (____) _____

Billing information

First Billing Date _____ Other _____
Frequency of bill _____ Annual ___ Semi-Annual ___ Quarterly
Mail bill to _____ Synagogue ___ Home
Attention _____ Rabbi ___ Other _____
Salary for Pension Plan \$ _____
Contribution _____ Standard 15.0% ___ Other Percentage ____%
Flat amount per year \$ _____

I have received an explanation of the plan and investment policy. I hereby agree to be bound by the provisions of the plan and by the regulations of the Pension Board. I have also completed the Account Application Form and the Beneficiary Designation and Pre-Retirement Death Benefit Form.

Signature of Applicant _____ Date ____/____/____

Signature of Synagogue Officer _____

**Return this form to
Northeast Consulting Group,
11 Commerce Drive,
Cranford, NJ 07016**