



**APPLICATION FOR AGE RETIREMENT  
PENSION FROM THE PENSION PLAN**

Complete this Application for Age Retirement Pension from the Pension Plan if you are age 65 or older and you have retired from employment. Your Age Retirement Pension under the Pension Plan is based on your total compensation on which dues have been paid, as well as the special apportionments that have been awarded from time to time by the Board of Directors of Pension Fund. Your Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 65 or retire. The Age Retirement Pension will not be paid for any period preceding the date of this Application by more than three months.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER INFORMATION**

Member Name \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)

Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Severance of Employment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ from (insert name of former employer) \_\_\_\_\_

**II. SPOUSE INFORMATION**

Check Marital Status:  Single  Divorced  Widow(er); if checked, date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Married; if checked, date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Name \_\_\_\_\_  
(first) (middle) (last/family name)

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**III. ELECTION OF OPTIONAL FORM OF SURVIVING SPOUSE PENSION**

**NOTE: Complete this Section only if you want to elect an optional form of surviving spouse pension.** I understand that I will receive an Age Retirement Pension during my life, and that upon my death my surviving spouse will receive a Surviving Spouse Pension equal to 50% of my Age Retirement Pension. I understand that I may instead elect to receive a *reduced* Age Retirement Pension during my life, in which case upon my death my surviving spouse will receive a *higher* Surviving Spouse Pension.

I understand that my reduced Age Retirement Pension and my spouse's higher Surviving Spouse Pension will be the actuarial equivalent of the pensions otherwise payable to me and my spouse under the Pension Plan. The election of this option will not affect any death benefit under the Pension Plan other than the Surviving Spouse Pension. I understand that this election is **irrevocable** once my Age Retirement Pension commences.

I understand that this election is automatically cancelled upon the death of, or my divorce from, the undersigned spouse, and my Age Retirement Pension will be paid as if I had not made this election beginning the month following my written notice to Pension Fund of such death or divorce.

I elect to receive a reduced Age Retirement Pension and for my surviving spouse to receive a Surviving Spouse Pension equal to **100% of my reduced age retirement pension.**

I elect to receive a reduced Age Retirement Pension and for my surviving spouse to receive a Surviving Spouse Pension equal to **75% of my reduced age retirement pension.**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature \_\_\_\_\_ (SEAL)

My commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### IV. HOUSING ALLOWANCE ELECTION FOR RETIRED MINISTERS

If you are a retired minister, Pension Fund designates 60% of your Age Retirement Pension as housing allowance each calendar year. However, the maximum amount of your Age Retirement Pension that you can legally exclude from gross income cannot exceed *the lesser of* your actual housing expenses or the fair rental value of your home for the calendar year. You may, therefore, request that a larger or smaller portion of your Age Retirement Pension be designated as housing allowance.

I am a member who is a retired minister, and I hereby request that the Board of Directors of Pension Fund designate \_\_\_\_\_% of my distribution each month as housing allowance.

***This election is effective only for the distribution(s) being made pursuant to this Application for the calendar year in which you retire. You must make a new election for each calendar year thereafter. You may use the Housing Allowance for Retired Ministers Worksheet, available at [www.pensionfund.org](http://www.pensionfund.org) or upon request to Pension Fund, for assistance in determining an appropriate housing allowance designation.***

#### V. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE FORM W-4P]

Pension Fund will withhold on the distributions made to you from the Pension Plan as if you are married claiming three withholding allowances, unless you elect more or less withholding from your distributions (*check one only*):

Do NOT withhold federal income tax from any distributions.

Withhold federal income tax from each distribution in accordance with the following:

➤ Total number of allowances you are claiming for withholding from each distribution .

➤ Marital status:  Single  Married  Married, but withhold at higher single rate.

➤ Additional dollar amount, if any, you want withheld from each distribution: \$..

(Note: You cannot enter an additional amount without entering the number of allowances above).

Withholding will apply only to the portion of your distribution that is included in your income.

Your election will remain in effect until you submit a new Substitute Form W-4P making a new election. You may submit a new Substitute Form W-4P at any time, and it will be effective the first day of the next month that falls at least 30 days after the completed Substitute Form W-4P is received by Pension Fund. If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax.

If the social security number you provide on this Application is not correct, Pension Fund is required to withhold taxes on your distributions as if you are single claiming zero withholding allowances, even if you elected to have no withholding.

Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. Please indicate your state of tax residence (*if different than your home address in Section I*) \_\_\_\_\_. For more information regarding the withholding requirements of your state of residence, see [www.pensionfund.org](http://www.pensionfund.org).

## VI. PAYMENT OF AGE RETIREMENT PENSION

I elect for my Age Retirement Pension to begin on the first day of the month of \_\_\_\_\_ in the year 20\_\_\_\_, which can be no earlier than the later of (i) the date I attain age 65, (ii) the date I retire, or (iii) the first day of the month after I submit this completed Application to Pension Fund.

**I understand that my Age Retirement Pension will be direct deposited by ACH into my bank account on record with Pension Fund.** *If you do not have a bank account on record or if you would like your Age Retirement Pension to be direct deposited by ACH to another bank account, complete the following information and attach a "void" check to this Application:*

Name of Bank \_\_\_\_\_

Mailing Address of Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Your Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_  Checking  Savings

## VII. RETIREE HEALTH CARE COVERAGE

If you are a current participant in the Christian Church (Disciples of Christ) Health Care Plan on the day prior to your retirement, please complete this Section.

- I wish to discontinue coverage under the Health Care Plan at the end of the month in which I retire.
- I wish to continue coverage under the Health Care Plan and make the following coverage elections:

*Elect one:*

- Employee only  
 Employee plus one adult  
*(You both must be enrolled in Medicare Parts A and B)*

*Elect one:*

- Medicare Basic  
 Medicare Basic with prescriptions  
 Medicare Plus  
 Medicare Plus with prescriptions

- I authorize Pension Fund to withhold the monthly premium from my Pension Plan distributions (premiums are paid on an *after-tax* basis).

## VIII. MEMBER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- I understand that, unless already on file with Pension Fund, I am required to provide with this Application **a copy of my birth certificate, my spouse's birth certificate, and/or my marriage certificate or other proof of marriage, as applicable, as well as a copy of my passport, driver's license, or state issued identification card.**
- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide member services to me under the Pension Plan.
- I understand that if I have elected an optional form of benefit in Section III and after my reduced Age Retirement Pension commences my spouse dies or I divorce my spouse, I am entitled to an unreduced Age Retirement Pension beginning the month after I give written notice to Pension Fund of my spouse's death or divorce.
- I certify that I have retired from employment within the meaning of the Pension Plan by satisfying **one of the following requirements:**
  - I have completely and permanently severed employment with my Employer and all entities, including churches, colleges, agencies, units or other organizations which directly or indirectly serve the Disciples of Christ, and with any other organization that is eligible to participate in the Pension Plan, with no anticipation of future service.
  - I am a minister and I have permanently severed employment with the Employer for which I was performing

ministerial services with no anticipation of future service.

- The level of my bona fide services to my Employer has permanently decreased to less than 50% of the average level of my bona fide services to my Employer over the immediately preceding 36 month period.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IX. EMPLOYER CERTIFICATION AND SIGNATURE**

**This certification is required only if the member is retiring from active service.** I certify that I am authorized to sign this Application for Age Retirement Pension on behalf of the Employer of the member. I further certify that on \_\_\_\_/\_\_\_\_/\_\_\_\_, either (i) the member will or has completely and permanently severed employment with the Employer and there is no written or unwritten agreement or understanding that the member will be reemployed by the Employer at any time, or (ii) the level of the member's bona fide services to the Employer will or has permanently decreased to less than 50% of the average level of the member's bona fide services to the Employer over the immediately preceding 36 month period.

**Employer Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**X. PENSION FUND AUTHORIZATION**

The former Employer has confirmed that the member severed employment or reduced hours, if applicable, on \_\_\_\_/\_\_\_\_/\_\_\_\_ and/or, with respect to a minister, the Regional Minister has confirmed that the member is no longer in active ministry with any employer eligible to participate in the Pension Plan.

**Pension Fund Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name** \_\_\_\_\_

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