



**APPLICATION FOR DEPENDENT PARENT
PENSION FROM THE PENSION PLAN**

Complete this *Application for Dependent Parent Pension from the Pension Plan* to commence a Dependent Parent Pension if you are the parent of a deceased member who is not survived by a spouse or qualified domestic partner or a surviving child. A Dependent Parent Pension is the same as the Surviving Spouse/Partner Pension that would have been paid to a surviving spouse/partner had the member been survived by a spouse or qualified domestic partner. If there is more than one dependent parent, then this pension will commence to the younger dependent parent and upon the death of such parent, will commence to the other dependent parent, if surviving.

Your Dependent Parent Pension will be paid monthly for your life commencing on the member's date of death if the member died before he or she began to receive a pension under the Pension Plan or the first day of the month after the member's date of death if the member died while receiving a pension under the Pension Plan. The Dependent Parent Pension will not be paid for any period preceding the date of this Application by more than three months.

Dependency is determined by Pension Fund in its sole and absolute discretion pursuant to its policies and procedures, which may be amended from time to time.

If there is more than one dependent parent and the dependent parents are divorced, each dependent parent must complete a separate Application for Dependent Parent Pension.

- PLEASE TYPE OR PRINT CLEARLY -

I. DEPENDENT PARENT INFORMATION

Complete the following information for each dependent parent, if married:

First Parent Name _____ Social Security No./ITIN _____
(first) (middle) (last/family name)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

Second Parent Name _____ Social Security No./ITIN _____
(first) (middle) (last/family name)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

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

II. 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.

III. PAYMENT OF DEPENDENT PARENT PENSION

I understand that my Dependent Parent Pension will be direct deposited by ACH into my 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

IV. DEPENDENT PARENT 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 I am required to provide a copy of the death certificate of the member to Pension Fund. I further understand that I am required to provide with this Application a copy of my birth certificate, **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 certify that to the best of my knowledge, the deceased member does not have any surviving spouse/partner or surviving children.
- I understand that if the member has two surviving dependent parents, the Dependent Parent Pension will be established for the younger parent and upon the younger parent's death, will be reestablished for the older parent, if surviving.
- I understand that Pension Fund has the absolute right, in its sole discretion, to determine whether or not a parent was dependent on the member prior to the member's death, within the meaning of the Pension Plan.
- I understand that I may also be entitled to additional death benefits if I was named as the member's designated beneficiary, and that I should contact Pension Fund for more information regarding these benefits.

First Parent Signature _____ Date ____/____/____

Second Parent Signature _____ Date ____/____/____

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