



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

Complete this *Application for Early Age Retirement Pension from the Pension Plan* if you are at least age 60 but have not yet attained age 65 and you have retired from employment. Your Early 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, but is reduced for each full calendar month by which the commencement of benefits precedes your 65th birthday. Your Early Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 60 or retire. The Early 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/PARTNER INFORMATION

Check Marital/Partner Status:

Single Divorced Widow(er); if checked, date of death ____/____/____

Married; if checked, date of marriage ____/____/____

Qualified Domestic Partnership; if checked, an *Affidavit of Qualified Domestic Partnership* must be on file with Pension Fund

Spouse/Partner Name _____
(first) (middle) (last/family name)

Social Security No./ITIN _____ - _____ - _____ Date of Birth ____/____/____

III. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE 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 not apply to any portion of your distribution that is attributable to after-tax contributions to the Pension Plan. Withholding will apply to the remainder of your distribution, even if you are a minister and Pension Fund has designated 100% of your distribution as housing allowance, unless you elect out of withholding.

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.

IV. PAYMENT OF EARLY AGE RETIREMENT PENSION

I elect for my Early 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 60, (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 Early 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 Early 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

V. 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/partner's birth certificate, and my marriage certificate or other proof of marriage or my Affidavit of Qualified Domestic Partnership with supporting documentation, 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 my Early Age Retirement Pension reflects a reduction in the Age Retirement Pension for each full month that commencement of benefits precedes my 65th birthday. I further understand that my election of an Early Age Retirement Pension does not affect any death benefits under the Pension Plan, including the Surviving Spouse/Partner Pension.
- 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 ____/____/____

VI. 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 Early 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 _____

VII. 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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