



**APPLICATION FOR REFUND OF
REFUNDABLE DUES FOR VESTED
MEMBERS UNDER THE PENSION PLAN**

Complete this Application for Refund of Refundable Dues if you are vested in your benefits under the Pension Plan of the Christian Church (Disciples of Christ) ("Pension Plan"), you have severed employment with your employer and all related employers, you are not yet eligible for a retirement pension under the Pension Plan, and you are requesting a refund of the refundable portion of the dues paid during your period of active membership in the Pension Plan. Spousal consent is required to request a refund of refundable dues.

- 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 _____

Severance of Employment Date ____/____/____ from *(insert name of former employer)* _____

II. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE W-4P]

Pension Fund is required to withhold 20% from the amount of the distribution of your refundable dues, unless you elect to have the distribution paid in a direct rollover to an eligible retirement plan, including an IRA. You may elect to withhold more from your distribution. Withholding will apply only to the portion of your distribution that is included in your income.

Withhold additional federal income tax of \$ or _____ % from the distribution.

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. ELECTIONS FOR PAYMENT OF DISTRIBUTION

Your distribution is eligible for direct rollover. **See the accompanying "Special Tax Notice Regarding Distributions" for additional information regarding direct rollovers.** I understand that my election is irrevocable after the date as of which a distribution is made *(check one only)*:

- Direct cash payment.** I elect to have the distribution paid to me directly.
- Direct rollover.** I elect to have the distribution paid in a direct transfer to the eligible employer plan or IRA specified below (must be at least \$200).
- Partial direct cash payment/partial direct rollover.** I elect to have \$ _____ or _____ % of the distribution paid to me directly and the remaining portion of the distribution paid in a direct transfer to the eligible employer plan or IRA specified below (must be at least \$500).

DIRECT ROLLOVER. If you have elected a direct rollover of all or part of the distribution, please complete the following information [attach the recipient institution's forms required to complete this rollover to this Application]:

Name of Recipient Plan/IRA _____

Name of Trustee/Custodian/Administrator _____

Contact Name _____ Phone Number (____) _____

Mailing Address of Trustee/Custodian/Administrator _____

City _____ State _____ Country _____ Zip Code _____ - _____

Method of Transmitting Direct Rollover:

- ACH.** ABA# _____ Account Number _____ *Funds deposited next day. There is no charge for ACH.*
- Wire Transfer.** ABA# _____ Account Number _____ *There is a charge for wire transfers.*
- Mail Check to Trustee/Custodian/Administrator.** Make check payable to: _____

CASH PAYMENT. If you have elected a direct cash payment, it will be direct deposited by ACH into your bank account on record with Pension Fund, unless you elect for the distribution to be sent to you by check. If you do not have a bank account on record or if you want the distribution 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

I elect for my distribution to be made to me by check. The distribution will be mailed to my home address provided in Section I.

IV. TIMING OF DISTRIBUTION

You have the right to receive the "Special Tax Notice Regarding Distributions" at least 30 days before the date as of which a distribution is made from the Pension Plan. To receive an immediate payment of your distribution, you must waive your right to 30 days notice.

I elect to waive my right to 30 days prior notice regarding my direct rollover rights.

I do not elect to waive my right to 30 days prior notice regarding my direct rollover rights.

V. MEMBER AND SPOUSAL CERTIFICATION AND SIGNATURE

By signing this Application, I hereby voluntarily apply for a refund of the refundable portion of dues paid during my period of active membership in the Pension Plan, and I make the following certifications:

- I certify that the information provided on this Application is accurate.
- 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.
- If I have elected a direct rollover in whole or part, I certify that the recipient employer plan or IRA identified above is an eligible retirement plan under Code Section 402(c)(8), which includes a 401(a) plan (including a 401(k) plan), a 403(a) plan, a 403(b) plan, a governmental 457(b) plan, and a traditional or Roth individual retirement account or annuity under Code Section 408 or 408A, and that said plan or IRA will accept the direct rollover amount on my behalf.
- I certify that 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, and that I do not anticipate any future such service. If I am a minister, I further certify that I have permanently ceased providing services in the exercise of my ministry and do not anticipate any future such service. I understand that I must provide written verification from my Employer that I have severed employment and, if I am a minister, from the Regional Minister that I am no longer in active ministry with any employer eligible to participate in the Pension Plan.
- I understand that the refundable dues are equal to 3% of the compensation on which dues were paid. I further understand that I will also receive interest on the refunded dues at the rate officially established by the Board of Directors of Pension Fund.
- I understand that a distribution of refundable dues will result in the cancellation of the portion of my pension benefit under the Pension Plan attributable to such refundable dues.

Member Signature _____ Date ____/____/____

The following section must be completed if the member is married. I agree to the distribution requested in this Application, although I understand that it will result in a reduced pension benefit, including a reduced Surviving Spouse Pension, under the Pension Plan.

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 ____/____/____

VI. PENSION FUND AUTHORIZATION

The former Employer has confirmed that the member severed employment 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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