



APPLICATION FOR SURVIVING CHILD BENEFITS FROM THE PENSION PLAN

Complete this *Application for Surviving Child Benefits from the Pension Plan* if you are a surviving child of a deceased member of the Pension Plan in order to commence the following benefits:

- A **Surviving Child Pension** if the member was actively participating in the Pension Plan at his or her retirement date or death or was receiving a Disability Benefit. The Surviving Child Pension is \$6,000 per year, and is payable in monthly installments to each surviving child of the member until the child attains age 21.
- A **Full Orphan Pension** if the member has no surviving spouse or qualified domestic partner. The amount of the Full Orphan Pension is the same as the Surviving Spouse/Partner Pension that would have been paid to a surviving spouse/partner, paid in equal shares to each surviving child until the child attains age 21. The Full Orphan Pension is **in addition to** the Surviving Child Pension.

For purposes of these benefits, the child must be under the age of 21 at the time of the member's death and either the natural born child of the member or the legally adopted child of the member, for whom the member had legal responsibility to support (but does not include a stepchild unless the member legally adopted the stepchild).

The Surviving Child Pension and the Full Orphan Pension will commence 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. Benefits will not be paid for any period preceding the date of this Application by more than three months.

Each surviving child eligible for a Surviving Child Pension and/or Full Orphan Pension must complete a separate Application for Surviving Child Benefits.

- PLEASE TYPE OR PRINT CLEARLY -

I. SURVIVING CHILD INFORMATION

Child Name _____
(first) (middle) (last/family name)

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

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

II. PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian 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 _____

Relationship to Deceased Member: Widow(er) Ex-spouse Other _____

Relationship to Child: Parent Stepparent Legal Guardian Other _____

III. 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 the distribution that is included in the child's 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.

IV. PAYMENT OF SURVIVING CHILD PENSION AND/OR FULL ORPHAN PENSION

The Surviving Child Pension and/or Full Orphan Pension for the surviving child will be paid to the parent/legal guardian on behalf of and for the benefit of the surviving child until the child is 18 years old. If the surviving child is age 18 or older at the time of the member's death, or at such time that the surviving child attains age 18, the surviving child may elect to receive his or her Surviving Child Pension and/or Full Orphan Pension directly either by mail or direct deposit to his or her bank. In all cases, the Surviving Child Pension and Full Orphan Pension are taxable to the child.

If the surviving child is age 18 or older, the surviving child makes the following election (*check one only*):

- Pay the benefits covered by this Application to me as provided in this Section IV.
- Pay the benefits covered by this Application to the parent/legal guardian for my benefit as provided in this Section IV.

The Surviving Child Pension and/or Full Orphan Pension will be direct deposited by ACH into the following 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. SURVIVING CHILD AND PARENT/LEGAL GUARDIAN CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate, and that the surviving child identified in Section I is eligible for the benefits covered by this Application. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- 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 the surviving child identified in Section I under the Pension Plan.
- If I am the parent/legal guardian, I understand that I am required to provide a copy of the death certificate of the member and, if applying for a Full Orphan Pension, of the surviving child's other parent, to Pension Fund. I further understand that if I am not the parent of the surviving child, I am required to provide letters of guardianship or other court document appointing me the custodian of the minor child's property. I understand that I am required to provide a copy of the surviving child's birth certificate.
- I certify that unless the surviving child identified on this Application is the only surviving child of the deceased member, I have identified all other surviving children of the member of whom I am aware on the Beneficiary Verification Form, which I have already returned to Pension Fund or am returning to Pension Fund with this Application.
- I understand that if the member died while actively participating in the Pension Plan or while receiving a disability benefit under the Pension Plan, and if there is no surviving spouse/partner, the surviving child may also be eligible for a Salary Continuation Death Benefit from the Pension Plan. I further understand that if the member was actively participating in the Pension Plan at his or her retirement date and was receiving a pension when he or she died, and if there is no surviving spouse/partner, the surviving child may also be eligible for a Pensioner Death Benefit from the Pension Plan. I understand that I should contact Pension Fund for more information on these benefits.

If the surviving child is 18 years old or older, this Application must be signed by the child.

Child Signature _____ **Date** ____/____/____

If the surviving child is less than 18 years old, this Application must also be signed by the Parent/Legal Guardian and in so signing, the Parent/Legal Guardian is agreeing to the above certifications.

Parent/Guardian Signature _____ **Date** ____/____/____

Pension Fund of the Christian Church
 P.O. Box 6251, Indianapolis, Indiana 46206-6251
 Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
 E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org