



**APPLICATION FOR SURVIVING SPOUSE
PENSION FROM THE PENSION PLAN**

You may be eligible for certain benefits from the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") upon the death of the Pension Plan member to whom you are married. Complete this Application for Surviving Spouse Pension from the Pension Plan in order to commence a Surviving Spouse Pension.

A Surviving Spouse Pension is an amount equal to 50% of the member's Age Retirement Pension. However, your Surviving Spouse Pension may be higher if the member elected to receive a reduced Age Retirement Pension in order for you to receive a 75% or 100% Surviving Spouse Pension, and the member had already commenced his or her Age Retirement Pension at the time of the member's death. Your Surviving Spouse Pension will also be increased by special apportionments that may be awarded from time to time by the Pension Fund Board.

If you married the member after the member retired and commenced his or her pension under the Pension Plan, then the marriage must have taken place at least 12 months prior to the member's death for you to be eligible to receive a Surviving Spouse Pension.

Your Surviving Spouse 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 Surviving Spouse 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. SURVIVING SPOUSE INFORMATION

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

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

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

E-Mail Address _____ Citizenship _____

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

II. 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 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 SURVIVING SPOUSE PENSION

I understand that my Surviving Spouse 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. HEALTH CARE COVERAGE

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

I wish to discontinue coverage under the Health Care Plan at the end of the month in which the member died.

I wish to continue individual coverage under the Health Care Plan and make the following coverage elections:

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).

V. SURVIVING SPOUSE 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, unless already on file with Pension Fund, I am required to provide with this Application a copy of my marriage certificate or other proof of marriage to Pension Fund, **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 I have identified all 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 the member's surviving children may also be entitled to survivor benefits under the Pension Plan, and that I should contact Pension Fund for information on these benefits.
- I understand that if the member died while actively participating in the Pension Plan or while receiving a disability benefit under the Pension Plan, I 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, I 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.

Surviving Spouse Signature _____ Date ____/____/____

Pension Fund of the Christian Church

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