



**APPLICATION FOR CONTRACT  
EXCHANGE/PLAN-TO-PLAN  
TRANSFER TO TAX-DEFERRED  
RETIREMENT ACCOUNT (TDRA)**

Complete this Application to accomplish the following tax-free transfers to the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"):

- **Contract Exchange:** If there are multiple investment providers, including Pension Fund of the Christian Church, under your employer's 403(b) retirement plan, you may use this form to transfer your account held with another investment provider under that plan to an account under the TDRA.
- **Plan-to-Plan Transfer:** If your employer sponsors more than one 403(b) retirement plan, and one plan is the TDRA, you may use this form to transfer your account under the other 403(b) retirement plan to the TDRA.

You must already have a 403(b) account under the TDRA or contemporaneously complete and submit a TDRA Enrollment Form along with this Application before you can transfer money into the TDRA.

Contract exchanges and plan-to-plan transfers are not treated as a distribution of your 403(b) account. You must have a distributable event before your employer's 403(b) retirement plan can distribute your account to you or to an IRA. Following a transfer, your transferred accounts will be subject to distribution restrictions at least as stringent as to those in effect under the prior plan/contract.

**You must complete a separate Application for each transfer. Return the completed Application and supporting financial statements (i.e. a copy of the most recent account statement) to:**

Pension Fund of the Christian Church  
P.O. Box 6251  
Indianapolis, IN 46206-6251

**IMPORTANT:** Retain a copy of this completed Application for your records. For assistance, please call 317-634-4504 or toll-free 866-495-7322.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER INFORMATION**

Member Name \_\_\_\_\_ Account No. \_\_\_\_\_  
(first) (middle) (last/family name) (if also opening a TDRA, write "TBA")

*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 \_\_\_\_\_

**II. TRANSFER INFORMATION**

*If you are a minister, check the applicable box:*

- My entire transfer represents income received for services performed while a minister and in the exercise of my ministry.
- \$\_\_\_\_\_ of my transfer represents income for services performed while a minister and in the exercise of my ministry.

**Attach a copy of the most recent account statement under the transferor 403(b) retirement plan/contract reflecting the amount held with the custodian/trustee/investment provider from which the transfer will occur.**

Name of Transferor 403(b) Plan \_\_\_\_\_ Account/Contract No. \_\_\_\_\_

Name of Custodian/Trustee/Investment Provider \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Approximate Account Value \$ \_\_\_\_\_

**Transfer Instructions for Custodian/Trustee/Investment Provider of the Transferor Plan/Contract:**

Please transfer the full or partial value of the plan or contract identified above to the 403(b) account under the TDRA, a section 403(b)(9) retirement income account plan maintained by Pension Fund of the Christian Church, as follows:

- Liquidate and process a partial transfer of \$ \_\_\_\_\_ or \_\_\_\_\_% of my plan account or contract to my TDRA account.
- Liquidate and process a transfer of my entire plan account or contract to my TDRA account.

**III. MEMBER CERTIFICATION AND SIGNATURE**

By signing this Application, I make the following certifications:

- I certify that the transferor 403(b) retirement plan or contract permits this transfer.
- I understand that this transfer is not a distribution, and that I may not take a distribution of my 403(b) account under the TDRA until I have a severance from employment or other distribution event.
- I understand that Pension Fund will rely on the representations I have made on this Application, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- I am attaching a copy of the most recent account statement under the transferor 403(b) retirement plan/contract reflecting the amount held with the custodian/trustee/investment provider from which the transfer will occur. My signature on this Application authorizes the custodian/trustee/investment provider of the transferor plan or contract to release any and all information regarding my account to Pension Fund in any form requested by Pension Fund.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IV. ACCEPTANCE BY PENSION FUND**

In reliance on the above certifications, Pension Fund agrees to accept the above transfer for your benefit. The transfer will be credited to your 403(b) account under the TDRA.

**Pension Fund Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name** \_\_\_\_\_

**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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)