



In order to make a contribution to your account under the Benefit Accumulation Account ("BA account"), you must first have established a BA account by completing and returning a BAA Enrollment Form to Pension Fund.

- PLEASE TYPE OR PRINT CLEARLY -

I. BA ACCOUNT HOLDER INFORMATION

Account Holder Name _____ Account No. _____
(first) (middle) (last/family)

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

Home Address _____ Member ID No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

II. CONTRIBUTION INFORMATION

Indicate contribution type below (check one or more as applicable):

Single Sum Contribution. I am remitting an *after-tax* contribution amount to my BA account equal to \$ _____.

- This contribution is being made by Check (including checks sent by or through your bank)
 Payroll deduction from my employer (unless made by employer check, return Employer Authorization Agreement for One-Time Debit (ACH))
 One-time debit (ACH) from my bank account (complete the bank information below)

For future contributions, elect to make recurring contributions below.

Recurring Contributions. Effective as soon as administratively practicable on or after _____, 20____, I authorize recurring *after-tax* contributions to be made to my BA account equal to \$ _____.

- These contributions will be made by Payroll deduction from my employer (unless made by employer check, return Employer Authorization Agreement for Recurring Debit (ACH))
 Automatic debit (ACH) from my bank account (complete the bank information below).
 Recurring contributions will be debited on the (check one only) 1st 15th day of each month.

Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:

Name of Bank _____ Account Holder Name _____

Mailing Address of Bank _____ Phone Number (____) _____

City _____ State _____ Country _____ Zip Code _____ - _____

Checking Account Number _____ Bank Routing/ABA Number _____

III. ACCOUNT HOLDER CERTIFICATION AND SIGNATURE

By signing this Form, I assume complete responsibility for the tax consequences of all contributions and distributions.

Account Holder Signature _____ **Date** ____/____/____

SEND FORM WITH CHECK TO: Pension Fund of the Christian Church
P.O. Box 78000, Dept 78885, Detroit, MI 48278-0885

SEND FORM WITH BANK INFORMATION TO: 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