



- PLEASE TYPE OR PRINT CLEARLY -

I. BA ACCOUNT HOLDER INFORMATION

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

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

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

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

II. APPLICANT INFORMATION [COMPLETE ONLY IF APPLICANT IS NOT ACCOUNT HOLDER]

Applicant 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 _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

Relationship to Account Holder _____

III. AMOUNT OF DISTRIBUTION

I request the following distribution (*check one only*):

\$ _____ of my BA Account as a one-time partial distribution.

\$ _____ of my BA Account as a recurring monthly distribution.

100% of my BA Account. ***If checked, your BA account will be closed.***

I understand that I may request two withdrawals a month without charge, and that I will be charged \$20 for each subsequent withdrawal that month. I understand that I must maintain a minimum BA Account balance of \$25 and that if my BA Account balance falls below \$25, the remaining amount in my BA Account will be distributed to me and my BA Account will be closed.

IV. PAYMENT OF DISTRIBUTION

I understand that my distributions will be direct deposited by ACH into my bank account on record with Pension Fund. If you do not have a bank account on record or if you would like your distributions 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

You may request a wire transfer if you need your distribution the same day. There is a \$35.00 wire service fee and your bank may charge an additional fee.

- If I have elected a one-time distribution or a distribution of 100% of my BA Account, I elect for my distribution to be made to me by check.** Distributions will be mailed to my home address provided in Section I or Section II, as applicable.
- I direct Pension Fund to directly transfer the distribution to BA Account No. _____.**

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, 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 request and to provide services to me under the BAA.
- I understand that Pension Fund will process my distribution request only if I am a BA account holder or beneficiary presently entitled to receive a distribution under the BAA. If I have applied for a distribution as a beneficiary, I have attached a copy of the account holder's death certificate and a completed Beneficiary Verification Form to this Application. As a beneficiary, I further understand and agree that Pension Fund may only make a distribution of the account holder's account balance in my name if I am properly designated as the beneficiary on the account holder's current Beneficiary Designation Form on file with Pension Fund.
- If the amount of the distribution being requested exceeds \$50,000, I understand that the distribution may be subject to additional rules established by Pension Fund to ensure orderly liquidation of investments.

Applicant Signature _____ **Date** ____ / ____ / ____

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