



This Beneficiary Verification Form must be completed to authenticate your identity if you have been designated a beneficiary by a member, IRA owner, and/or BA Account holder with respect to benefits under a program administered by the Pension Fund of the Christian Church (Disciples of Christ). Each beneficiary is required to complete a separate Form. Benefits cannot be processed or distributed until this Form is completed and returned. Pension Fund reserves the right to request additional information if needed to ensure benefits are paid in accordance with the terms of the governing documents and applicable law. Indicate all programs with respect to which you are filing for benefits:

Check	Plan Name	Account No.
<input type="checkbox"/>	Pension Plan	
<input type="checkbox"/>	Tax-Deferred Retirement Account	
<input type="checkbox"/>	Traditional IRA	
<input type="checkbox"/>	Roth IRA	
<input type="checkbox"/>	Benefit Accumulation Account	

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. DECEASED MEMBER/OWNER/ACCOUNT HOLDER INFORMATION**

Member/Owner/Account Holder Name \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

**II. BENEFICIARY INFORMATION**

Individual or Trust Name \_\_\_\_\_  
(first) (middle) (last/family name)  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 Primary Phone Number(\_\_\_\_\_) \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
 Social Security No./ITIN \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Trust EIN No. \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Birth/Trust Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the beneficiary is a minor, provide the following information for the minor's parent or legal guardian:**

Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
(first, middle, last/family name)  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 Primary Phone Number (\_\_\_\_\_) \_\_\_\_\_ Relationship to Minor Child \_\_\_\_\_

**If you are aware of any other beneficiaries, provide the following information:**

Beneficiary Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
(first, middle, last/family name)  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 Primary Phone Number (\_\_\_\_\_) \_\_\_\_\_ Relationship to Member/IRA Owner \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
(first, middle, last/family name)  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 Primary Phone Number (\_\_\_\_\_) \_\_\_\_\_ Relationship to Member/IRA Owner \_\_\_\_\_

Beneficiary Name _____ (first, middle, last/family name)	Social Security No./ITIN _____ - _____ - _____
Mailing Address _____	
City _____	State _____ Country _____ Zip Code _____ - _____
Primary Phone Number (_____) _____ Relationship to Member/IRA Owner _____	

**III. BENEFICIARY/AUTHORIZED REPRESENTATIVE SIGNATURE**

By signing below, I certify that I am the beneficiary identified above and that all information set forth in this Form is true and accurate. If I am signing below as a trustee, I declare that the named trust is in full force and effect, that I am a current trustee of the named trust, and that I am acting within the scope of my authority under the named trust. If there are multiple trustees, I understand that all trustees must sign this Form unless I am authorized under the trust to act alone. I understand that death benefits will not be paid to me unless I provide a social security number or, if a trust or estate, a tax identification number.

I understand that I must complete a Beneficiary Designation Form to designate beneficiaries to receive benefits payable under the applicable program, if any, in the event of my death.

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

- Indicate the capacity in which you are signing this Form:
- Individual/self   
 Sole Trustee   
 Co-Trustee   
 Executor/Executrix   
 Personal Representative  
 Custodian   
 Administrator   
 Other \_\_\_\_\_

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

- Indicate the capacity in which you are signing this Form:
- Co-Trustee   
 Other \_\_\_\_\_

**IMPORTANT – You must submit the following documents with this Form:**

- A copy of the death certificate for the deceased member, IRA owner, or BA Account holder.
- A copy of an official identification document which bears your signature, such as a passport, driver's license, state issued identification card, or national identity card.
- A copy of the death certificate for any designated beneficiary that predeceased the member, IRA owner or BA Account holder.
- The following documents must be submitted depending on the capacity in which you are executing this Form:
  - If you are a trustee, a copy of the fully executed trust document that clearly identifies all of the beneficiaries and trustees, and copies of the birth certificate for each beneficiary.
  - If you are an executor, personal representative, or administrator, a copy of the letters of testamentary or letters of administration.
  - If you are a surviving spouse, a copy of your birth certificate, marriage license, or other document evidencing marriage or a similar union, and, if the member/owner/account holder was previously married, a copy of the divorce decree for all previous marriages.
  - If you are a surviving child, a copy of your birth certificate, adoption decree, paternity decree, or other official government records establishing the relationship.
  - If you are a surviving parent, a copy of your birth certificate, adoption decree, or other official government records establishing the relationship.
- If the beneficiary is a minor and you are executing this Form as the minor's guardian, a copy of the letters of guardianship or other court document appointing you the custodian of the minor child's property.
- If you are executing this Form on behalf of a beneficiary, a copy of the power of attorney papers granting you the power to claim benefits on behalf of the beneficiary.
- If a beneficiary's name has changed because of marriage or divorce, a copy of the marriage certificate or divorce decree, or if it has changed due to personal preference, a court document indicating the name change from the birth name to the requested 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)