



This is: an initial authorization a change to an existing authorization

Complete this Bank Information Form for the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") if you are applying for a distribution(s) from the RCA and you wish for the distribution(s) to be deposited directly with your bank. Return this completed form to the Pension Fund with a sample cheque marked "void" in order for the distribution(s) to be processed. Please note that the cheque should be personalized (i.e., with the account holder's name written on the cheque). If a cheque is not available, contact your bank to obtain a sample of the MICR encoding for your account.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Social Insurance Number _____
(first, middle, last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

Daytime Phone (_____) _____ E-Mail Address _____

II. SURVIVING SPOUSE/SURVIVING CHILD/DEPENDENT PARENT INFORMATION [IF APPLICABLE]

Name _____ Social Insurance Number _____
(first, middle, last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

Daytime Phone (_____) _____ E-Mail Address _____

Relationship to Member _____

III. BANKING INFORMATION

This Bank Information Form applies to the following pension or benefit under the RCA (check applicable box):

- Age Retirement Early Age Retirement Surviving Spouse Surviving Child Dependent Parent
- Death Settlement Educational Benefit Salary Continuation Pensioner Death Benefit

Name of Bank _____

Mailing Address of Bank Branch _____

City _____ Province _____ Country _____ Postal Code _____

Your Account No. _____ Branch No. _____

IV. DIRECT DEPOSIT AUTHORIZATION AND SIGNATURE

In signing this Bank Information Form, I authorize the Trustee of the RCA to directly deposit my RCA distribution into the above identified account on my behalf. I have enclosed with this authorization a voided cheque or MICR encoding information. I understand that I will only receive payments under the RCA in accordance with the terms of the RCA and following the Pension Fund's receipt and approval of my application for pension or benefit payments. I understand that all payments due to me under the RCA will be made pursuant to this authorization as soon as administratively feasible following receipt of this completed form, and that such authorization will remain in effect until I change my authorization in writing to the Pension Fund.

Signature _____ Date ____/____/____

If authorization is made on behalf of a surviving child under 18 years of age, this form must be signed by the Parent/Legal Guardian and in so signing, the Parent/Legal Guardian is authorizing direct deposit of a Surviving Child Benefit to the above-identified account.

Parent/Guardian Signature _____ Date ____/____/____

Pension Fund of the Christian Church
P.O. Box 6251 - Indianapolis, Indiana 46206-6251
Toll Free: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org