



This Change of Employer Form must be completed if you are already enrolled as a member in the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") through your employment with a former employer, and you are now commencing employment with a new employer through which you will be participating in the RCA.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Membership No. _____
(first, middle, last/family name)
Home Address _____
City _____ Province _____ Country _____ Postal Code _____ - _____
Daytime Phone (_____) _____ E-Mail Address _____

II. FORMER EMPLOYMENT INFORMATION

Employer _____ Severance of Employment Date ____/____/____
Mailing Address _____
City _____ Province _____ Country _____ Postal Code _____ - _____
Contact Name _____
Phone (_____) _____ E-Mail Address _____

III. CURRENT EMPLOYMENT INFORMATION

Employer _____ Date of Employment ____/____/____
(enter "self-employed" minister, if applicable)
Mailing Address _____
City _____ Province _____ Country _____ Postal Code _____ - _____
Contact Name _____
Phone (_____) _____ E-Mail Address _____
Member's Position _____ Date Dues Will Begin ____/____/____
(Minister, Associate Minister, Educator, Administrative Assistant, Health Care Professional, etc.)

IV. DUES INFORMATION

Current monthly compensation (for purposes of determining initial dues):

- a. Total cash salary per month paid to applicant by employer \$ _____
- b. Housing allowance or fair rental value of housing \$ _____

- Total monthly Compensation Base on which dues will be paid** \$ _____

To determine monthly salary, divide annual salary by 12. If paid weekly, multiply by 52, then divide by 12.

If housing allowance is provided, add exact amount for month. If actual housing is provided, add the greater of monthly fair rental value or 25% of monthly cash salary.

NOTE: This amount will change as your salary or allowances change over time. You and your employer are responsible for calculating the required amount of dues.

Please indicate below how RCA dues will be paid:

- Employer pays full 14% dues as an employer contribution.
- *Employer pays 11% dues as an employer contribution, and member pays 3% dues as an employee contribution.
- *Employer pays _____ % dues as an employer contribution, and member pays _____ % dues as an employee contribution (*must total 14%*).

If you are not a minister, partial dues equal to at least 6% of your Compensation Base may be paid to the RCA. **Partial dues will result in a reduced pension.**

- Employer pays 6% dues as an employer contribution.
- *Employer pays _____ % dues as an employer contribution, and member pays _____ % dues as an employee contribution (*must total 6%*).

***IMPORTANT: If you are required by the terms of your employment to make employee contributions to the RCA, the contributions will be tax deductible if the total amount of employee contributions is less than the total amount of employer contributions made on your behalf. Voluntary employee contributions are not tax deductible.**

V. MEMBER CERTIFICATION AND SIGNATURE

I certify that the information provided on this Change of Employer Form is accurate. **I agree that I will timely notify the Pension Fund of any changes to the information provided on this Form, including changes in my Compensation Base and how Dues will be paid.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.

Member Signature _____ Date ____/____/____

VI. EMPLOYER CERTIFICATION AND SIGNATURE

I certify that I am authorized to sign this Change of Employer Form on behalf of the Employer of the member. I certify either that a Participation Agreement has already been submitted on behalf of the Employer or is being submitted contemporaneously with this Form, and that the member is eligible to participate in the RCA under the terms of the RCA and the Participation Agreement.

I certify that the information set forth in Section IV of this Form is accurate and that payment for the initial dues on behalf of the member, as set forth in Section IV, is enclosed with this Form. I agree that I will timely notify the Pension Fund of any changes to the information set forth in Section IV, including the member's Compensation Base and how dues will be paid. I further agree to notify the Pension Fund immediately if the member severs employment with the Employer.

Member Participation Start Date ____/____/____

Employer Representative Signature _____ Date ____/____/____

Print Name _____

SEND FORM WITH INITIAL DUES PAYMENT TO:

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

Enrollment Date ____/____/____ Initial Dues Remitted \$ _____

[Do not write in this box – for Pension Fund use only]