



Complete this *Certification for Late Rollover Contribution Form* to certify your eligibility to make a rollover after the 60-day rollover deadline. This Certification allows Pension Fund to accept an otherwise valid rollover contribution that is not timely made to your Traditional IRA or Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"), or to your 403(b) account under the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA").

Indicate the program to which the late rollover contribution relates and the amount of the rollover contribution:

Check	Plan Name	Account No.*	Dollar Amount
<input type="checkbox"/>	TDRA		\$
<input type="checkbox"/>	Traditional IRA		\$
<input type="checkbox"/>	Roth IRA		\$

**If you are opening a TDRA or IRA to receive this rollover, write "TBA."*

Attach this Certification to your *Application for Rollover Contribution to TDRA* or *Application for Rollover Contribution to IRA* to make the rollover contribution to the applicable program. Complete a separate Certification for each rollover.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER/OWNER INFORMATION

Name _____
(first) (middle) (last/family)

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

II. REASONS FOR LATE CONTRIBUTION

I missed the 60-day rollover deadline for the following reason(s) (*check all that apply*):

- An error was committed by the financial institution making the distribution or receiving the contribution.
- The distribution was in the form of a check and the check was misplaced and never cashed.
- The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- My principal residence was severely damaged.
- One of my family members died.
- I or one of my family members was seriously ill.
- I was incarcerated.
- Restrictions were imposed by a foreign country.
- A postal error occurred.
- The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
- The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.
- The distribution was made to a state unclaimed property fund.

III. CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that I missed the 60-day rollover deadline for the contribution identified above because of the reasons indicated in Section II, and that I am making this contribution as soon as practicable after such reasons no longer prevent me from making the contribution.
- I understand that this certification relates only to the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with Pension Fund's rollover procedures.
- I understand that unless Pension Fund has actual knowledge to the contrary, Pension Fund will rely on this Form to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the contribution identified above, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- I certify that the representations made on this Form are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates.
- I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties.
- If the contribution is made to a Traditional IRA or Roth IRA, I understand that Pension Fund is required to report the contribution to the IRS.

Signature _____ Date ____/____/____

IMPORTANT: Retain a copy of this completed Form for your records.

Pension Fund of the Christian Church

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