



Complete this Change of Payment Distribution Form if you are receiving installment or annuity payments under one of the following programs, and you want to change how those distributions are being paid to you.

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

If you wish to make different changes for different plans, you should complete a separate Form for each plan.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER OR BENEFICIARY INFORMATION**

Name Member \_\_\_\_\_ Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)

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. PAYMENT OF DISTRIBUTIONS**

I elect for my distributions to be paid as follows (check one only):

**Direct deposited by ACH to my bank.** 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

**Transferred to my BA Account No.** \_\_\_\_\_ (applicable only with respect to required minimum distributions from the TDRA or Traditional IRA)

**III. CERTIFICATION AND SIGNATURE**

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate, and that I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.
- I understand that the change that I have requested in this Form will be processed as soon as administratively practicable upon receipt by Pension Fund.
- I understand that I must complete a Form W-4P and/or the state withholding certificate for my state of residence if I want to change my federal or state tax withholding.

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

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