



- PLEASE TYPE OR PRINT CLEARLY -

**I. APPLICANT INFORMATION**

Name  Mr.  Mrs.  Miss \_\_\_\_\_  
 Ms.  Rev.  Dr. (first) (middle) (last/family)

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Citizenship:  U.S.  Other: \_\_\_\_\_ *If you are not a US citizen, you must have an ITIN to enroll.*

If Minister, check one:  Ordained  Commissioned  Licensed Date of ordination/commission/license \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if applicable:  Self-Employed Minister  Student under Student Gift Membership Program

Employer \_\_\_\_\_ Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date dues will begin \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Contact \_\_\_\_\_

**II. MEMBER DUES INFORMATION**

As a member, dues will be made to the Pension Plan on your behalf in accordance with your employer's Participation Agreement. Complete this Section II if your employer's Participation Agreement (i) permits each member to elect a different percentage of member dues on a pre-tax basis, (ii) permits an election between pre-tax or after-tax member dues, and/or (iii) permits each member to elect a different percentage of Compensation Base to determine dues. See *Compensation Base Resource Worksheet* for assistance in determining your Compensation Base.

**Percentage Dues.** Check one as applicable and complete.

- My employer will reduce my salary in accordance with (i) my employer's Participation Agreement with Pension Fund or (ii) the salary reduction agreement that I have entered into with my employer to make pre-tax member dues to the Pension Plan.
- I hereby direct my employer to reduce my salary on a pre-tax basis by \_\_\_\_\_% of my Compensation Base. *Employer and member dues in aggregate must total 14% if you are a minister and at least 6% if you are not a minister. Your employer will receive a copy of this Enrollment Form to reflect the salary contribution agreement between you and your employer.*

**Complete if your employer's Participation Agreement permits a reduced percentage of your Compensation Base to be used to determine dues:** The percentage of my Compensation Base used to determine dues is (complete one)  100%  \_\_\_\_\_%.

**Tax Treatment of Member Dues.** Member dues will be paid as (check one)  a pre-tax employee contribution  
 an after-tax employee contribution

**THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT. MEMBER DUES WILL BE WITHHELD FROM YOUR PAYCHECK AND PAID BY YOUR EMPLOYER TO THE PENSION PLAN.**

**III. FAMILY INFORMATION FOR SURVIVOR BENEFITS**

Check Marital Status:  Single  Married Spouse's Gender:  Male  Female

Spouse Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(first) (middle) (last/family)

Spouse's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship:  U.S.  Other: \_\_\_\_\_

Complete for each of applicant's **Natural Born Children** or **Legally Adopted Children** who are under age 21:

	Name (first, middle, last/family name)	Birth Date	Gender	Social Security No./ITIN
1		____/____/____	__M__F	____-____-____
2		____/____/____	__M__F	____-____-____
3		____/____/____	__M__F	____-____-____

**First Living Parent Name** \_\_\_\_\_  
(first) (middle) (last/family)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Second Living Parent Name** \_\_\_\_\_  
(first) (middle) (last/family)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IV. APPLICANT CERTIFICATION AND SIGNATURE**

By signing this Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the Pension Plan, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the Pension Plan.
- I understand that I can access the Pension Plan Member Resource Book and other information regarding the Pension Plan electronically at [www.pensionfund.org](http://www.pensionfund.org), and that I can also request Pension Fund mail me a copy of the Pension Plan Member Resource Book.
- I certify that the information provided on this Enrollment Form is accurate, including my Social Security Number/ITIN. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, **including changes to the amount or type of dues, to my marital status, and to the status of my children and parents.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the Pension Plan.
- I understand that if my employer's Participation Agreement permits members to each elect a different percentage of employee dues on a pre-tax basis, and I choose to change my elections reflected on this Enrollment Form or on a separate salary reduction agreement with my employer, I must complete and submit a Salary Contribution Agreement to my Employer which reflects that change before the effective date of the change.
- I understand that I may designate beneficiaries for all benefits under the Pension Plan that are not otherwise payable according to the terms of the Pension Plan by submitting a *Beneficiary Designation Form*, and that if I do not complete a *Beneficiary Designation Form*, the default beneficiary rules in the Pension Plan will apply.
- I understand that Pension Fund and the Pension Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Pension Plan.
- I have attached the following documents to complete my application, as applicable:
  - ✓ Copy of my birth certificate
  - ✓ Beneficiary Designation Form
  - ✓ Copy of current ministerial credentials, if I am a minister
  - ✓ Copy of my marriage certificate/proof of marriage, if I am married

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

**SEND FORM(S) WITH ATTACHMENTS TO:**

**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)

**Member ID No.** \_\_\_\_\_ **Enrollment Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**[Do not write in this box – for Pension Fund use only]**