



In order to make a contribution to your account under the Benefit Accumulation Account ("BA account"), you must first have established a BA account by completing and returning a BAA Enrollment Form to Pension Fund.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. BA ACCOUNT HOLDER INFORMATION**

Account Holder Name \_\_\_\_\_ Account No. \_\_\_\_\_  
(first) (middle) (last/family)

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

Home Address \_\_\_\_\_ Member ID No. \_\_\_\_\_

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

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**II. CONTRIBUTION INFORMATION**

Indicate contribution type below (check one or more as applicable):

**Single Sum Contribution.** I am remitting an *after-tax* contribution amount to my BA account equal to \$ \_\_\_\_\_.

- This contribution is being made by  Check (including checks sent by or through your bank)  
 Payroll deduction from my employer (unless made by employer check, return Employer Authorization Agreement for One-Time Debit (ACH))  
 One-time debit (ACH) from my bank account (complete the bank information below)

For future contributions, elect to make recurring contributions below.

**Recurring Contributions.** Effective as soon as administratively practicable on or after \_\_\_\_\_, 20\_\_\_\_, I authorize recurring *after-tax* contributions to be made to my BA account equal to \$ \_\_\_\_\_.

- These contributions will be made by  Payroll deduction from my employer (unless made by employer check, return Employer Authorization Agreement for Recurring Debit (ACH))  
 Automatic debit (ACH) from my bank account (complete the bank information below).  
 Recurring contributions will be debited on the (check one only)  1<sup>st</sup>  15<sup>th</sup> day of each month.

**Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:**

Name of Bank \_\_\_\_\_ Account Holder Name \_\_\_\_\_

Mailing Address of Bank \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Checking Account Number \_\_\_\_\_ Bank Routing/ABA Number \_\_\_\_\_

**III. ACCOUNT HOLDER CERTIFICATION AND SIGNATURE**

By signing this Form, I assume complete responsibility for the tax consequences of all contributions and distributions.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEND FORM WITH CHECK TO: Pension Fund of the Christian Church**  
Dept. 78885, P.O. Box 78000, Detroit, MI 48278-0885

**SEND FORM WITH BANK INFORMATION 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)