



**APPLICATION FOR LUMP SUM SETTLEMENT
FROM THE PENSION PLAN**

Complete this Application for Lump Sum Settlement from the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") in order to apply for a single lump settlement of your benefits under the Pension Plan. If you are the member, you are eligible to receive a single lump sum settlement of your benefits under the Pension Plan if all of the following conditions are satisfied:

- You have severed employment with your employer and any other employer that is eligible to participate in the Pension Plan with no anticipation of future service; and
- You have applied for and received a distribution of your refundable dues if you are eligible for such a refund; and
- The net present value of your benefit is less than \$5,000.

Spousal consent is required to request a lump sum settlement from the Pension Plan.

If you are the beneficiary of a deceased member who had not yet begun to receive a pension under the Pension Plan at the time of his or her death, you are eligible to receive a single lump sum settlement of your benefits under the Pension Plan if the net present value of your benefit is less than \$5,000.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member 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 _____

Date of Birth ____/____/____

Severance of Employment Date ____/____/____ from (insert name of former employer) _____

II. SPOUSAL/BENEFICIARY INFORMATION

Spouse/Beneficiary Name _____ Social Security No./ITIN ____-____-____
(first) (middle) (last/family name)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

Relationship to Member _____

III. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE W-4P]

Pension Fund is required to withhold 20% from the amount of the lump sum settlement, unless you elect to have the distribution paid in a direct rollover to an eligible retirement plan, including an IRA. You may elect to withhold more from your distribution. Withholding will apply only to the portion of your distribution that is included in your income.

Withhold additional federal income tax of \$ or _____% from the distribution.

Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. Please indicate your state of tax residence (if different than your home address in Section I or Section II, as applicable) _____ . For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

IV. ELECTIONS FOR PAYMENT OF DISTRIBUTION

I understand that if I am age 70½ or older, the amount of the lump sum settlement that is attributable to my required minimum distribution is not eligible for direct rollover. I understand that the remainder of the distribution is eligible for direct rollover. **See the accompanying "Special Tax Notice Regarding Distributions" for additional information regarding direct rollovers.** I understand that my election is irrevocable after the date as of which a distribution is made (*check one only*):

- Direct cash payment.** I elect to have the distribution paid to me directly.
- Direct rollover.** I elect to have the distribution paid in a direct transfer to the eligible employer plan or IRA specified below (must be at least \$200).
- Partial direct cash payment/partial direct rollover.** I elect to have \$ _____ or _____% of the distribution paid to me directly and the remaining portion of the distribution paid in a direct transfer to the eligible employer plan or IRA specified below (must be at least \$500).

DIRECT ROLLOVER. If you have elected a direct rollover of all or part of the distribution, please complete the following information [*attach the recipient institution's forms required to complete this rollover to this Application*]:

Name of Recipient Plan/IRA _____

Name of Trustee/Custodian/Administrator _____

Contact Name _____ Phone Number (____) _____

Mailing Address of Trustee/Custodian/Administrator _____

City _____ State _____ Country _____ Zip Code _____ - _____

Method of Transmitting Direct Rollover:

- ACH.** ABA# _____ Account Number _____ *Funds deposited next day. There is no charge for ACH.*
- Wire Transfer.** ABA# _____ Account Number _____ *There is a charge for wire transfers.*
- Mail Check to Trustee/Custodian/Administrator.** Make check payable to: _____

CASH PAYMENT. If you have elected a direct cash payment, it will be direct deposited by ACH into your bank account on record with Pension Fund, unless you elect for the distribution to be sent to you by check. *If you do not have a bank account on record or if you want the distribution to be direct deposited by ACH to another bank account, 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

- I elect for my distribution to be made to me by check.** The distribution will be mailed to my home address as provided in Section I or Section II, as applicable.

V. TIMING OF DISTRIBUTION

You have the right to receive the "Special Tax Notice Regarding Distributions" at least 30 days before the date as of which a distribution is made from the Pension Plan. To receive an immediate payment of your distribution, you must waive your right to 30 days notice.

- I elect to waive my right to 30 days prior notice regarding my direct rollover rights.
- I do not elect to waive my right to 30 days prior notice regarding my direct rollover rights.

VI. APPLICANT AND SPOUSAL CERTIFICATION AND SIGNATURE

I hereby voluntarily apply for a single lump sum settlement of my benefits under the Pension Plan. I understand that this settlement represents the net present value of the amount I would receive as a pension over my life expectancy and the life expectancy of my spouse, if applicable. By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate.
- If I have elected a direct rollover in whole or part, I certify that the recipient employer plan or IRA identified above is an eligible retirement plan under Code Section 402(c)(8), which includes a 401(a) plan (including a 401(k) plan), a 403(a) plan,

a 403(b) plan, a governmental 457(b) plan, and a traditional or Roth individual retirement account or annuity under Code Section 408 or 408A, and that said plan or IRA will accept the direct rollover amount on my behalf.

- If I am a member, I certify that I have completely and permanently severed employment with my employer and all entities, including churches, colleges, agencies, units or other organizations which directly or indirectly serve the Disciples of Christ, and with any other organization that is eligible to participate in the Pension Plan, and that I do not anticipate any future such service. If I am a minister, I further certify that I have permanently ceased providing services in the exercise of my ministry and do not anticipate any future such service. I understand that I must provide written verification from my Employer that I have severed employment and, if I am a minister, from the Regional Minister that I am no longer in active ministry with any employer eligible to participate in the Pension Plan.
- If I am a member, upon distribution of this settlement, I understand that I will cease to be a member of the Pension Plan, neither I nor my spouse will be entitled to any further rights or benefits under the Pension Plan, and that I and my spouse waive any further claim for benefits under the Pension Plan. If I am a beneficiary, upon distribution of this settlement, I understand that I will not be entitled to any further rights under the Pension Plan, and that I waive any further claim for benefits under the Pension Plan.
- I understand that, unless already on file with Pension Fund, I am required to provide with this Application a copy of my birth certificate, my spouse's birth certificate, and/or my marriage certificate or other proof of marriage, as applicable.
- If I am a beneficiary, I understand that I am required to provide a copy of the death certificate of the member to Pension Fund.

Member/Beneficiary Signature _____ **Date** ____/____/____

The following section must be completed if the member is married. I agree to the settlement requested in this Application, although I understand that I will not be entitled to any further rights or benefits under the Pension Plan, including a Surviving Spouse Pension, and I waive any further claim for benefits under the Pension Plan.

Spouse Signature _____ **Date** ____/____/____

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature _____ (SEAL)

My commission expires ____/____/____

VII. EMPLOYER CERTIFICATION AND SIGNATURE [COMPLETE ONLY IF MEMBER IS APPLICANT]

This certification is required only if the member is retiring from active service. I certify that I am authorized to sign this Application for Lump Sum Settlement on behalf of the Employer of the member. I further certify that the member will or has completely and permanently severed employment with the Employer on ____/____/____, and that there is no written or unwritten agreement or understanding that the member will be reemployed by the Employer at any time. I have no knowledge that the member will be in active compensated ministry with an employer eligible to participate in the Pension Plan after severance from employment with the Employer.

Employer Representative Signature _____ **Date** ____/____/____

Printed Name _____

Position _____

VIII. PENSION FUND AUTHORIZATION [COMPLETE ONLY IF MEMBER IS APPLICANT]

The former Employer has confirmed that the member severed employment on ____/____/____ and/or, with respect to a minister, the Regional Minister has confirmed that the member is no longer in active ministry with any employer eligible to participate in the Pension Plan.

Pension Fund Representative Signature _____ **Date** ____/____/____

Printed Name _____

Pension Fund of the Christian Church

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