



Complete this *Application for Age Retirement Pension from the Pension Plan* if you are age 65 or older and you have retired from employment. Your Age Retirement Pension under the Pension Plan is based on your total compensation on which dues have been paid, as well as the special apportionments that have been awarded from time to time by the Board of Directors of Pension Fund. Your Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 65 or retire. The Age Retirement Pension will not be paid for any period preceding the date of this Application by more than three months.

- 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 _____

Social Security No./ITIN _____ - _____ - _____ Date of Birth ____/____/____

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

II. SPOUSE/PARTNER INFORMATION

Check Marital/Partner Status:

Single Divorced Widow(er); if checked, date of death ____/____/____

Married; if checked, date of marriage ____/____/____

Qualified Domestic Partnership; if checked, an *Affidavit of Qualified Domestic Partnership* must be on file with Pension Fund

Spouse/Partner Name _____
(first) (middle) (last/family name)

Social Security No./ITIN _____ - _____ - _____ Date of Birth ____/____/____

III. ELECTION OF OPTIONAL FORM OF SURVIVING SPOUSE/PARTNER PENSION

NOTE: Complete this Section only if you want to elect an optional form of Surviving Spouse/Partner Pension. I understand that I will receive an Age Retirement Pension during my life, and that upon my death my surviving spouse or qualified domestic partner will receive a Surviving Spouse/Partner Pension equal to 50% of my Age Retirement Pension. I understand that I may instead elect to receive a *reduced* Age Retirement Pension during my life, in which case upon my death my surviving spouse/partner will receive a *higher* Surviving Spouse/Partner Pension.

I understand that my reduced Age Retirement Pension and my spouse/partner's higher Surviving Spouse/Partner Pension will be the actuarial equivalent of the pensions otherwise payable to me and my spouse/partner under the Pension Plan. The election of this option will not affect any death benefit under the Pension Plan other than the Surviving Spouse/Partner Pension. I understand that this election is **irrevocable** once my Age Retirement Pension commences.

I understand that this election is automatically cancelled upon the death of, or my divorce from or termination of domestic partnership with, the undersigned spouse/partner, and my Age Retirement Pension will be paid as if I had not made this election beginning the month following my written notice to Pension Fund of such death or divorce or termination of domestic partnership.

I elect to receive a reduced Age Retirement Pension and for my surviving spouse/partner to receive a Surviving Spouse/Partner Pension equal to **100% of my reduced age retirement pension.**

I elect to receive a reduced Age Retirement Pension and for my surviving spouse/partner to receive a Surviving Spouse/Partner Pension equal to **75% of my reduced age retirement pension.**

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

Spouse/Partner Signature _____ Date ____/____/____

STATE OF _____)

COUNTY OF _____)

On this ____ day of _____, personally appeared before me the above named _____ and _____, 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 ____/____/____

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

Pension Fund will withhold on the distributions made to you from the Pension Plan as if you are married claiming three withholding allowances, unless you elect more or less withholding from your distributions (*check one only*):

- Do NOT withhold federal income tax from any distributions.
 - Withhold federal income tax from each distribution in accordance with the following:
 - Total number of allowances you are claiming for withholding from each distribution .
 - Marital status: Single Married Married, but withhold at higher single rate.
 - Additional dollar amount, if any, you want withheld from each distribution: \$.
- (Note: You cannot enter an additional amount without entering the number of allowances above).

Withholding will not apply to any portion of your distribution that is attributable to after-tax contributions to the Pension Plan. Withholding will apply to the remainder of your distribution, even if you are a minister and Pension Fund has designated 100% of your distribution as housing allowance, unless you elect out of withholding.

Your election will remain in effect until you submit a new Substitute Form W-4P making a new election. You may submit a new Substitute Form W-4P at any time, and it will be effective the first day of the next month that falls at least 30 days after the completed Substitute Form W-4P is received by Pension Fund. If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax.

If the social security number you provide on this Application is not correct, Pension Fund is required to withhold taxes on your distributions as if you are single claiming zero withholding allowances, even if you elected to have no withholding.

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*) _____. For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

V. PAYMENT OF AGE RETIREMENT PENSION

I elect for my Age Retirement Pension to begin on the first day of the month of _____ in the year 20____, which can be no earlier than the later of (i) the date I attain age 65, (ii) the date I retire, or (iii) the first day of the month after I submit this completed Application to Pension Fund.

I understand that my Age Retirement Pension will be direct deposited by ACH into my bank account on record with Pension Fund. *If you do not have a bank account on record or if you would like your Age Retirement Pension 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

VI. MEMBER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- 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/partner's birth certificate, and my marriage certificate or other proof of marriage or my Affidavit of Qualified Domestic Partnership with supporting documentation, as applicable, as well as a copy of my passport, driver's license, or state issued identification card.**
- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide member services to me under the Pension Plan.
- I understand that if I have elected an optional form of benefit in Section III, and after my reduced Age Retirement Pension commences my spouse/partner dies or I divorce my spouse or terminate my domestic partnership, that I am entitled to an unreduced Age Retirement Pension beginning the month after I give written notice to Pension Fund of my spouse/partner's death or divorce or termination of domestic partnership, as applicable.
- I certify that I have retired from employment within the meaning of the Pension Plan by satisfying **one of the following requirements:**
 - 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, with no anticipation of future service.
 - I am a minister and I have permanently severed employment with the Employer for which I was performing ministerial services with no anticipation of future service.
 - The level of my bona fide services to my Employer has permanently decreased to less than 50% of the average level of my bona fide services to my Employer over the immediately preceding 36-month period.

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

VII. EMPLOYER CERTIFICATION AND SIGNATURE

This certification is required only if the member is retiring from active service. I certify that I am authorized to sign this Application for Age Retirement Pension on behalf of the Employer of the member. I further certify that on ____/____/____, either (i) the member will or has completely and permanently severed employment with the Employer and there is no written or unwritten agreement or understanding that the member will be reemployed by the Employer at any time, or (ii) the level of the member's bona fide services to the Employer will or has permanently decreased to less than 50% of the average level of the member's bona fide services to the Employer over the immediately preceding 36-month period.

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

Printed Name _____

Title _____

VIII. PENSION FUND AUTHORIZATION

The former Employer has confirmed that the member severed employment or reduced hours, if applicable, 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

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 • Website: www.pensionfund.org