



THE 2021 DEADLINE FOR REQUIRED MINIMUM DISTRIBUTION CHANGES IS SEPTEMBER 7, 2021

Complete this *TDRA Application for Required Minimum Distributions* if you want to request annual distributions equal to your required minimum distribution (RMD) from the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"). You are required by law to begin taking RMDs from the TDRA by April 1 of the calendar year following the later of the calendar year in which you:

- attain age 72 (age 70½ if you turned age 70½ before January 1, 2020); or
- sever employment from your employer and, if your employer is a church, with all other churches eligible to participate in the TDRA.

If you do not timely begin RMDs, you must pay a 50% excise tax on the difference between your RMD and any distributions actually made to you.

You must complete this Application in order to direct Pension Fund as to how to pay your RMDs. Contact Pension Fund if you want to satisfy the RMD rules by taking another form of distribution from the TDRA. If you do not either (i) timely notify Pension Fund that you have **not** retired or (ii) direct Pension Fund as to how to satisfy the RMD rules, Pension Fund will automatically send your RMDs to you each November.

If you are a beneficiary of a TDRA member, different rules apply. Complete the *Beneficiary Application for TDRA Distributions*.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Account No. _____
(first) (middle) (last/family name)

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

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

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

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

II. PAYMENT OF DISTRIBUTION

Check the applicable box(es) below:

- I elect for my RMD to be distributed from TDRA account no. _____.
- I have multiple TDRA accounts, and I elect for my RMD to be distributed pro rata from all TDRA accounts.

I elect to receive my annual RMD distribution as follows:

- I elect to receive my RMD as soon as administratively practicable upon Pension Fund's receipt of this Application.
- I elect to receive my RMD in November.
- This is my initial year for which an RMD is required, and I elect to postpone my initial RMD until April 1 of the next calendar year. I understand that if I make an election to postpone my initial RMD, I will receive two RMDs next year, one by April 1 and one in November.

I elect to receive my RMD as follows (*check one only*):

- Direct deposited by ACH into my bank account on record with Pension Fund.** *You must be an owner of the bank account to which distributions are direct deposited. If you do not have a bank account on record, 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. _____. *If you do not already have a BA Account, you must contemporaneously complete and return a BAA Enrollment Form with this Application.*

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

Pension Fund will withhold 10% on each distribution, unless you elect more withholding or no withholding from the distributions (*check one only*):

Do NOT withhold federal income tax from any distributions.

Additional dollar amount above 10%, if any, you want withheld from each distribution: \$□□□□.□□.

Withholding will not apply to any portion of your distribution that is not included in your income (*e.g.* after-tax contributions in your rollover account are not included in income and are not taxable to you). Withholding will apply to the remainder of your distribution, even if you are a minister and Pension Fund has designated 100% of your RMDs 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 distribution at 10%, even if you elected to have no withholding.

Indicate your state of tax residence (*if different than your home address in Section I*)

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

IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that I can also satisfy the RMD rules by taking another form of distribution from the TDRA, and that if I would like more information regarding these options, I can contact Pension Fund.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide services to me under the TDRA.
- I understand that Pension Fund will process my distribution request only if I am a member presently entitled to receive a distribution under the TDRA.
- I understand that I am required to provide proof of my age and the age of my beneficiary, **and that a copy of a birth certificate, passport, driver's license, or state issued identification card must be provided with this Application.**
- 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.

Applicant Signature _____ **Date** ____/____/____

V. PENSION FUND AUTHORIZATION

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 TDRA.

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

Printed Name _____

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