



**APPLICATION FOR  
EARLY AGE RETIREMENT PENSION  
FROM THE PENSION PLAN**

Complete this Application for Early Age Retirement Pension from the Pension Plan if you are at least age 60 but have not yet attained age 65 and you have retired from employment. Your Early 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, but is reduced for each full calendar month by which the commencement of benefits precedes your 65<sup>th</sup> birthday. Your Early Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 60 or retire. The Early 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 INFORMATION**

Check Marital Status:  Single  Divorced  Widow(er); if checked, date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Married; if checked, date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Name \_\_\_\_\_  
(first) (middle) (last/family name)

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

**III. HOUSING ALLOWANCE ELECTION FOR MINISTERS WITH MINISTERIAL STANDING**

**If you are a minister and Pension Fund has active (non-expired) credentials on file for you**, Pension Fund designates 60% of your Early Age Retirement Pension as housing allowance each calendar year. However, the maximum amount of your Early Age Retirement Pension that you can legally exclude from gross income cannot exceed *the lesser of* your actual housing expenses or the fair rental value of your home for the calendar year. You may, therefore, request that a larger or smaller portion of your Early Age Retirement Pension be designated as housing allowance. This portion is not subject to federal income tax withholding under Section IV.

I am a member who is a minister with active credentials, and I hereby request that the Board of Directors of Pension Fund designate \_\_\_\_\_% of my distribution each month as housing allowance.

*This election is effective only for the distribution(s) being made pursuant to this Application for the calendar year in which you retire. You must make a new election for each calendar year thereafter. You may use the Housing Allowance for Retired Ministers Worksheet, available at [www.pensionfund.org](http://www.pensionfund.org) or upon request to Pension Fund, for assistance in determining an appropriate housing allowance designation.*

**IV. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE 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 .



- 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 Early 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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)