



Complete this RCA Application for Age Retirement Pension if you are age 65 or older and you have retired from employment. Your Age Retirement Pension under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") 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 Trustees of the RCA. 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 _____ Province _____ Country _____ Postal Code _____ - _____

Daytime Phone Number (_____) E-Mail Address _____

Social Insurance Number _____ - _____ - _____ 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/common law relationship; if checked, date of marriage or common law relationship _____ / _____ / _____

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

Social Insurance Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

III. ELECTION OF OPTIONAL FORM OF SURVIVING SPOUSE PENSION

NOTE: Complete this Section only if you want to elect an optional form of surviving spouse pension. I understand that I will receive an Age Retirement Pension during my life, and that upon my death my surviving spouse will receive a Surviving Spouse 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 will receive a *higher* Surviving Spouse Pension.

I understand that my reduced Age Retirement Pension and my spouse's higher Surviving Spouse Pension will be the actuarial equivalent of the pensions otherwise payable to me and my spouse under the RCA. The election of this option will not affect any death benefit under the RCA other than the Surviving Spouse 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, the undersigned spouse (or upon the spouse no longer being treated as my spouse under Canadian law), 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.

- I elect to receive a reduced Age Retirement Pension and for my surviving spouse to receive a Surviving Spouse Pension equal to **100% of my reduced age retirement pension.**
- I elect to receive a reduced Age Retirement Pension and for my surviving spouse to receive a Surviving Spouse Pension equal to **75% of my reduced age retirement pension.**

Member Signature _____ Date _____ / _____ / _____

Spouse Signature _____ Date _____ / _____ / _____

PROVINCE 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 _____ / _____ / _____

IV. ELECTIONS FOR PAYMENT OF DISTRIBUTION

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 elect for my Age Retirement Pension to be paid as follows (*check one only*):

- I elect to have the distribution direct deposited to my bank account. Complete and enclose with this Application an RCA Bank Information/Change of Payment Distribution Form.
- I elect to have the distribution paid to me by cheque. Distributions will be mailed to my home address as set forth in Section I.

V. 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's birth certificate, and/or my marriage certificate or statutory declaration of common law union, as applicable, **as well as a copy of my passport, driver's license, government issued identification card, or national identity card.**
- I understand that the personal information provided on this Application will be used by Pension Fund to process my election and to provide member services to me under the RCA.
- 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 dies or I divorce my spouse, I am entitled to an unreduced Age Retirement Pension beginning the month after I give written notice to Pension Fund of my spouse's death or divorce.
- If I elected to have my Age Retirement Pension direct deposited with my bank under Section IV, I understand that I am required to provide a completed RCA Bank Information/Change of Payment Distribution Form with this Application.
- I certify that I have retired from employment within the meaning of the RCA 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 RCA, 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 ____/____/____

VI. 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 _____

VII. 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 RCA.

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