



Complete this Application for Death Settlement from the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") if you are the member's designated beneficiary in order to apply for a Death Settlement under the RCA. A Death Settlement is payable upon the death of a member if the member has no surviving spouse, surviving child, or surviving dependent parent. The Death Settlement is a single lump sum equal to the difference between the member dues contributed to the RCA by the member, if any, plus interest, and the pension payments distributed to the member under the RCA prior to the date of the member's death.

These death benefits will be paid in equal shares to the member's primary beneficiaries who are living at the time of the member's death. If no primary beneficiaries are living at the member's death, the death benefits will be paid in equal shares to the member's contingent beneficiaries who are living at the time of the member's death.

- PLEASE TYPE OR PRINT CLEARLY -

I. BENEFICIARY INFORMATION

Beneficiary Name _____ Social Insurance Number _____
(first) (middle) (last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

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

E-Mail Address _____ Date of Divorce from Member ____/____/____

Date of Birth ____/____/____ Citizenship _____

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

Relationship to Member _____

II. ELECTIONS FOR PAYMENT OF DISTRIBUTION

I elect for my Death Settlement 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.

III. BENEFICIARY CERTIFICATION AND SIGNATURE

- By signing this Application, I make the following certifications:
- I certify that the information provided on this Application is accurate.
 - I understand that I am required to provide with this Application a copy of the death certificate of the member to Pension Fund, **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.
 - If I elected to have my distribution direct deposited to my bank under Section II, I understand that I am required to provide a completed RCA Bank Information/Change of Payment Distribution Form with this Application.
 - I certify that to the best of my knowledge, the deceased member does not have a surviving spouse, any surviving children, or any dependent parent. I certify that I have identified all other beneficiaries of whom I am aware on the Beneficiary Verification Form, which I have already returned to Pension Fund or am returning to Pension Fund with this Application.
 - I understand that if the member died while actively participating in the RCA or while receiving a disability benefit under the RCA, and if there is no surviving spouse or surviving children, I may also be eligible for a Salary Continuation Death Benefit from the RCA. I further understand that if the member was actively participating in the RCA at his or her retirement date and was receiving a pension when he or she died, and if there is no surviving spouse, I may also be eligible for a Pensioner Death Benefit from the RCA. I understand that I should contact Pension Fund for more information on these benefits.

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

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