



You may be eligible for certain benefits from the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") upon the death of the RCA member who is your child, if the member is not survived by a spouse or surviving child. Complete this RCA Application for a Dependent Parent Pension in order to commence a Dependent Parent Pension. A Dependent Parent Pension is the same as the Surviving Spouse Pension that would have been paid to a surviving spouse had the member been survived by a spouse. If there is more than one dependent parent, then this pension will commence to the younger dependent parent and upon the death of such parent, will commence to the other dependent parent, if surviving.

Your Dependent Parent Pension will be paid monthly for your life commencing on the member's date of death if the member died before he or she began to receive a pension under the RCA or the first day of the month after the member's date of death if the member died while receiving a pension under the RCA. The Dependent Parent Pension will not be paid for any period preceding the date of this Application by more than three months.

Dependency is determined by Pension Fund in its sole and absolute discretion pursuant to its policies and procedures, which may be amended from time to time.

If there is more than one dependent parent and the dependent parents are divorced, each dependent parent must complete a separate RCA Application for Dependent Parent Pension.

- PLEASE TYPE OR PRINT CLEARLY -

I. DEPENDENT PARENT INFORMATION

Complete the following information for each dependent parent, if married:

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

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

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

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____

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

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

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

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____

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

II. ELECTION FOR PAYMENT OF DISTRIBUTION

I elect for my Dependent Parent Pension to be paid as follows (*check one only*):

- I elect to have the distributions 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 distributions paid to me by cheque.** Distributions will be mailed to my home address as set forth in Section I for the younger dependent parent.

III. DEPENDENT PARENT 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 I am required to provide a copy of the death certificate of the member to Pension Fund. I further understand that I am required to provide with this Application a copy of my birth certificate, **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 certify that to the best of my knowledge, the deceased member does not have any surviving spouse or surviving children.
- I understand that if the member has two surviving dependent parents, the Dependent Parent Pension will be established for the younger parent and upon the younger parent's death, will be reestablished for the older parent, if surviving.
- I understand that Pension Fund has the absolute right, in its sole discretion, to determine whether or not a parent was dependent on the member prior to the member's death, within the meaning of the RCA.
- If I elected to have the Dependent Parent Pension 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 understand that I may also be entitled to additional death benefits if I was named as the member's designated beneficiary, and that I should contact Pension Fund for more information on these benefits.

First Parent Signature _____ **Date** ____/____/____

Second Parent Signature _____ **Date** ____/____/____

Pension Fund of the Christian Church
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