



Complete this RCA Application for Division of Benefits if you are the payee under an order from a court of competent jurisdiction or a valid written domestic contract that directs Pension Fund to assign you a specified percentage of the member's accrued age pension credits under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") due to a breakdown of a marriage or dissolution of a common law relationship. Your pension under the RCA is based on the age pension credits assigned to you under the court order or domestic contract, as well as the special apportionments that have been awarded from time to time by the Board of Trustees of the RCA. Your pension will be paid monthly for your life commencing no earlier than the date that you attain age 60. Benefits will not be paid for any period preceding the date of this Application by more than three months.

- PLEASE TYPE OR PRINT CLEARLY -

I. PAYEE INFORMATION

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

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

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

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

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

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

II. ELECTIONS FOR PAYMENT OF DISTRIBUTION

I elect for my pension to begin on the first day of the month of _____ of the year 20____, which can be no earlier than the later of (i) the date I attain age 60, (ii) the date specified in the court order or domestic contract, or (ii) the first day of the month after I submit this completed Application to Pension Fund.

I elect for my 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.

III. PAYEE 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 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 understand that if I am younger than the member when my pension commences, my pension will be actuarially adjusted based on my life expectancy. I further understand that if I am younger than age 65 when my pension commences, my pension will be adjusted to the actuarial equivalent of the pension that would be payable to me when I attain age 65.
- I understand that no benefits are payable under the RCA upon my death, and that I have no interest in any amount payable upon the death of the member.
- If I elected to have my 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.

Payee Signature _____ Date ____/____/____

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