



Complete this *Return of Excess IRA Contribution Form* if you have made an excess contribution to your Traditional IRA or Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"). An excess contribution occurs when:

- The amount contributed to all of your IRAs exceeds the lesser of 100% of your taxable compensation (or, if certain conditions are met, you and your spouse's taxable compensation) or the annual contribution limit in effect for the taxable year. See www.pensionfund.org for information on these limits.
- The amount contributed to your Roth IRA exceeds the allowable limit based on your Roth modified adjusted gross income. See www.pensionfund.org for information on these limits.
- An improper rollover contribution or a contribution based on compensation that is not eligible for an IRA contribution is made.
- An ineligible IRA conversion is made.

Each person's situation will vary. You are encouraged to consult a tax advisor concerning the correction of excess IRA contributions and your personal situation before completing this Form. If your excess contribution is because you exceeded the Roth IRA modified adjusted gross income limit, and you want to recharacterize the contribution as a Traditional IRA contribution, do not complete this Form. Instead, complete the *Application for Rollover/Transfer to Traditional IRA*.

- PLEASE TYPE OR PRINT CLEARLY -

I. IRA OWNER INFORMATION

IRA Owner 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 ____/____/____

II. EXCESS CONTRIBUTION DESCRIPTION

Type of IRA that includes the excess contribution (*check one only*):

- Traditional IRA: Account No. _____
- Roth IRA: Account No. _____

If you contributed to both a Traditional IRA and a Roth IRA in the tax year for which you contributed an excess amount, you are required to remove the excess from your Roth IRA first.

Tax year for which the excess contribution was made: 20_____ Amount of excess contribution \$_____

Date of the deposit (*if you have multiple excess contributions, provide the date of the first excess contribution*):
____/____/____

III. METHOD OF CORRECTION

Select one method to correct your excess IRA contribution. The method of correction for an excess contribution will depend on the type of IRA, when you made the original contribution, your tax filing deadline (plus extensions), and today's date. Please review all options before selecting which one is right for you.

- Method 1: Correction Before Tax-Filing Deadline (plus extensions).** I am correcting this excess contribution before my tax-filing deadline (including any extensions) for the year in which the excess contribution was made or, if I timely filed my tax return, within six months of my tax-filing deadline. I understand that the excess contribution, adjusted for earnings or losses, will be distributed from my IRA as

directed below. I understand that the earnings attributable to the excess contributions will be taxable to me in the year the contribution was made, and may also be subject to a 10% penalty if I am under age 59½.

- Method 2: Correction After Tax-Filing Deadline (plus extensions).** I am correcting this excess contribution after my tax-filing deadline (including any extensions) of the year in which the excess contribution was made. I understand that the earnings attributable to the excess contributions will stay in my IRA. I understand that the distribution will be taxable to me if I took a deduction for the contribution, that I will owe a 6% penalty on the amount of the excess contribution for each year it has remained in my IRA and was not corrected, and that I may be subject to a 10% penalty on the entire amount returned to me if I am under age 59½.

Select the form in which the excess contribution will be disbursed. *If no option is selected, Pension Fund will return the excess contribution as a cash payment pursuant to Section IV.*

- Redeposit the full amount of the excess plus earnings back into this IRA as a contribution for tax year 20_____.
- Redeposit the amount of \$_____ back into this IRA as a contribution for tax year 20_____, and return the balance to me (including earnings) as indicated in Section IV.
- Distribute the full amount of the excess contribution plus earnings to me as indicated in Section IV.

You may also choose to correct an excess contribution after your tax-filing deadline (plus extensions) by applying the full amount of the excess as contributions to subsequent tax year(s) until the full amount of the excess contribution is depleted. You will owe a 6% penalty on the amount of the excess contribution for each year it remains in your IRA until it is properly applied as a subsequent year contribution. Earnings attributable to the excess contribution do not need to be distributed under this method. If you select this method, do not complete this Form, but instead file Form 5329 with the IRS. Pension Fund will not report the correction on an IRS form because the excess is not being removed from your IRA.

IV. PAYMENT OF DISTRIBUTION

If you have elected to have all or part of the excess contribution returned to you in cash, **it will be direct deposited by ACH into your bank account on record with Pension Fund**, unless you elect for the distribution to be sent to you by check. *If you do not have a bank account on record, complete the following information and attach a "void" check to this Form:*

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number _____

Your Account Number _____ Bank Routing Number _____ Checking Savings

- I elect for my distribution to be made to me by check.** The distribution will be mailed to my home address provided in Section I.

V. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE FORM W-4P]

Pension Fund will withhold 10% from the amount of the excess contribution returned to you unless you elect more or less withholding from your distributions (*check one only*):

- Do NOT withhold federal income tax from the distribution.
- Withhold federal income tax from the distribution in accordance with the following:
- Total number of allowances you are claiming for withholding from the distribution:
 - Marital status: Single Married Married, but withhold at higher single rate
 - Additional dollar amount, if any, you want withheld from the distribution: \$.
(Note: You cannot enter an additional amount without entering the number of allowances above).

If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

If the social security number you provide on this Form is not correct, Pension Fund is required to withhold taxes on your distribution at 10%, even if you elected to have no withholding.

Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. Please indicate your state of tax residence (*if different than your home address in Section I*) _____. For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

VI. IRA OWNER CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I assume complete responsibility for ensuring that all contributions I make are within the applicable limits under the tax laws and for the tax consequences of any contribution and distributions. I understand that I am responsible for determining and tracking the cost basis in my IRA, if applicable.
- I authorize Pension Fund to execute the instructions I have provided on this Form. I understand that I am responsible for any tax consequences arising from these instructions and for any fees related to a requested distribution. I also understand that Pension Fund will rely on the representations I have made on this Form, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.

IRA Owner Signature _____ **Date** ____/____/____

Pension Fund of the Christian Church

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