



- PLEASE TYPE OR PRINT CLEARLY -

I. ROTH IRA OWNER INFORMATION

IRA Owner Name _____ Account No. _____
(first) (middle) (last/family name)

Check here if there has been a change to your contact information on file.

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

Social Security No./ITIN: _____ - _____ - _____ Date of Birth ____/____/____

II. APPLICANT INFORMATION [COMPLETE ONLY IF APPLICANT IS NOT THE ROTH IRA OWNER]

Applicant Name _____ Social Security No./ITIN: _____ - _____ - _____
(first) (middle) (last/family name)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

Relationship to IRA Owner _____

III. REASON FOR DISTRIBUTION [NOT APPLICABLE TO TRANSFER TO ANOTHER ROTH IRA]

If your distribution is a qualified distribution, both your Roth IRA contributions and earnings will be distributed to you tax-free. A qualified distribution is a distribution that is made after the end of a five year period beginning with the first day of the year in which you made your initial contribution to a Roth IRA and that meets one of the following requirements: (i) the distribution is made after you are at least 59 ½ years old, (ii) the distribution is made after you become disabled, (iii) you are the beneficiary of the deceased IRA owner, or (iv) the distribution is for a first time home purchase.

Please select which category below applies with respect to your requested distribution (*check one only*):

- Age 59 ½ or older
- Disability (as defined in the DCRA) on ____/____/____ [*certification of disability required*]
- Death on ____/____/____ [*copy of death certificate required*]
- Distribution is for a first time home purchase (lifetime limit of \$10,000)
- Transfer incident to divorce [*letter of instruction to divide IRA incident to divorce required*]
- Other – early distribution [*see below*]

Early Distribution Tax Penalty. Unless you roll over the distribution you receive within 60 days to another Roth IRA under Section VI, you must generally pay a 10% penalty tax on your Roth IRA earnings if the distribution is not a qualified distribution. This penalty tax is not applicable if the distribution meets one of the following exceptions:

- is made after you are at least 59½ years old
- is made after you become disabled
- is made to you as the beneficiary of the deceased IRA owner
- is for a first time home purchase (up to a \$10,000 lifetime limit)
- is for medical expenses in excess of 10% of your adjusted gross income (7.5% if you or your spouse is age 65)
- is for qualified higher education expenses
- is for medical insurance premiums while you are unemployed
- is a qualified reservist distribution

NOTE: If you take a distribution from the Roth IRA before the end of the five year period beginning with the first day of the year in which you converted an amount from a traditional IRA or qualified retirement plan to the Roth IRA, you must generally pay a 10% penalty tax on the entire amount being distributed that consists of such converted amounts. A separate five year period applies to each conversion. This penalty tax is not applicable if the distribution meets one of the exceptions to the early distribution tax penalty set forth above.

IV. AMOUNT AND FORM OF DISTRIBUTION/TRANSFER

I elect for my Roth IRA to be distributed to me or transferred to the Roth IRA identified below in the following form. I understand that my election is irrevocable after the date as of which a distribution is made (*check one only*):

- Installment payments in the amount of \$ _____ to be distributed until the Roth IRA owner's account is exhausted: Monthly Quarterly Semi-annually Annually
- (*complete one only*) \$ _____ from or _____ % of my Roth IRA.

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

You are not subject to federal or state income taxes on qualified distributions from your Roth IRA. Unless you transfer your distribution to another Roth IRA under Section VI, however, earnings on non-qualified distributions are subject to 10% withholding if you elect a lump sum distribution, or withholding as if you are married claiming three withholding allowances if you elect a periodic distribution [*no withholding applies to transfers to another Roth IRA*]. You may instead elect more or less withholding from your distributions (*check one only*):

- Do NOT withhold federal income tax from my distributed earnings.
- Withhold federal income tax from each distribution in accordance with the following:
 - Total number of allowances you are claiming for withholding from each distribution
 - Marital status: Single Married Married, but withhold at higher single rate
 - Additional dollar amount, if any, you want withheld from each distribution: \$.

(Note: You cannot enter an additional amount without entering the number of allowances above).

Your election will remain in effect until you submit a new Substitute Form W-4P making a new election. You may submit a new Substitute Form W-4P at any time, and it will be effective the first day of the next month that falls at least 30 days after the completed Substitute Form W-4P is received by Pension Fund. If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax.

If the social security number you provide on this Application is not correct, Pension Fund is required to withhold taxes on your distributions as if you are single claiming zero withholding allowances (or 10% if you elect a lump sum distribution), 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 or Section II, as applicable*) _____ . For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

VI. ELECTIONS FOR PAYMENT OF DISTRIBUTION/TRANSFER

The amount elected under Section IV for distribution or transfer is eligible for rollover to another Roth IRA or for transfer to another Roth IRA, as applicable, except that distributions to non-spouse beneficiaries are not eligible for rollover or transfer.

If you intend to roll over your distribution to another Roth IRA, select direct cash payment. You must complete the rollover contribution within 60 days of receipt of your distribution.

I understand that my election is irrevocable after the date as of which a distribution/transfer is made (*check one only*):

- Direct cash payment.** I elect to have the distribution(s) paid to me directly.
- Transfer.** I elect to have the distribution paid in a direct transfer to the Roth IRA specified below (must be at least \$200).
- Partial direct cash payment/partial transfer.** I elect to have \$ _____ or _____ % of the distribution paid to me directly and the remaining portion of the distribution paid in a direct transfer to the Roth IRA specified below (must be at least \$500).

TRANSFER. If you have elected a transfer, please complete the following information [*attach the recipient institution's forms required to complete this transfer to this Application*]:

Name of Recipient Roth IRA _____

Name of Trustee/Custodian _____

Contact Name _____ Phone Number (____) _____

Mailing Address of Trustee/Custodian _____

City _____ State _____ Country _____ Zip Code _____ - _____

Method of Transmitting Transfer:

- ACH.** ABA# _____ Account Number _____ *Funds deposited next day. There is no charge for ACH.*
- Wire Transfer.** ABA# _____ Account Number _____ *There is a charge for wire transfers.*
- Mail Check to Trustee/Custodian.** Make check payable to: _____

CASH PAYMENT. If you have elected a direct cash payment, 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 or if you want the distribution to be direct deposited by ACH to another bank account, complete the following information and attach a "void" check to this Application:

Name of Bank _____

Mailing Address of Bank _____ Phone Number () _____

City _____ State _____ Country _____ Zip Code _____ - _____

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 as provided in Section I or Section II, as applicable.

VII. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that Pension Fund will process my distribution/transfer request only if I am a Roth IRA owner or beneficiary presently entitled to receive a distribution. If I have applied for a distribution as a beneficiary, I have attached a copy of the Roth IRA owner's death certificate to this Application. As a beneficiary, I further understand and agree that Pension Fund may only make a distribution of the Roth IRA owner's account balance in my name if I am properly designated as the beneficiary on the Roth IRA owner's current Beneficiary Designation Form on file with Pension Fund, or, in the absence of such form, based on the provisions in the DCRA.
- If I have elected a transfer in whole or part, I certify that the recipient Roth IRA identified above is an eligible Roth individual retirement account or annuity under Code Section 408A, and that said IRA will accept the transfer amount on my behalf.
- I understand that if I am requesting a non-qualified distribution, any earnings distributed will be taxable to me, and may be subject to a 10% early withdrawal penalty if made before I attain age 59½. I further understand that if I am requesting a partial distribution, the order in which contributions and earnings are considered to be distributed are (i) regular contributions, (ii) conversion and rollover contributions, and (iii) earnings on contributions. I assume complete responsibility for any taxable consequences of this distribution request.
- 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 the personal information provided on this Application will be used by Pension Fund to process my elections and to provide services to me under the DCRA.

Applicant Signature _____ **Date** ____ / ____ / ____

Pension Fund of the Christian Church

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