Pension Fund of the Christian Church

ROTH IRA CONTRIBUTION REMITTANCE FORM

In order to make a regular contribution to a Roth IRA, you must first have established a Roth IRA by completing and submitting a Roth IRA Enrollment Form to Pension Fund and you must be (i) a current employee of an employer that is eligible to participate in the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA") or (ii) the spouse of such eligible employee. You can make regular contributions to the Roth IRA from your spouse's taxable compensation if you file a joint tax return with your spouse.

Do not use this Form to make a rollover contribution or transfer to a Roth IRA, including a conversion or recharacterization. Use the Application for Rollover/Transfer to Roth IRA instead.

- PLEASE TYPE OR PRINT CLEARLY –

I. 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 ____________________

II. CONTRIBUTION INFORMATION

Indicate contribution type below (*check one or more as applicable*).

☐ **Single Sum Contribution**. I am remitting an *after-tax* contribution amount to my Roth IRA equal to $______________________.

This contribution is being made by ☐ check (*including checks sent by or through your bank*)
☐ one-time debit (ACH) from my bank account (*complete the bank information below*)

I irrevocably elect that this contribution be made for the tax year 20__________. *Contributions must be received by the tax filing deadline, without extensions, for the year for which the contribution is being made (generally, by April 15).* ***If no year is indicated, the contribution will apply to the current tax year.*** *For future contributions, complete the Roth IRA Contribution Remittance Form or elect to make recurring contributions below.*

☐ **Recurring Contributions**. Effective as soon as administratively practicable on or after ________________________, 20______, I authorize *after-tax* contributions to be made to my Roth IRA through automatic debit (ACH) from my bank account. *Complete the bank information below.*

Future contributions of $______________________ to be debited on the (*check one only*) ☐ 1st ☐ 15th ☐ last day of each month.

Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:

Name of Bank ____________________ Account Holder Name ____________________

Mailing Address of Bank ____________________ Phone Number (_______)______________

City ____________________ State ____________________ Country ____________________ Zip Code _________-_________

Checking Account Number____________________ Bank Routing/ABA Number ____________________

IMPORTANT: Regular contributions may not exceed $5,500 for 2017. If you are or will be age 50 by the end of the tax year, you may make an additional contribution of up to $1,000 for 2017. These limits may be less if you have modified adjusted gross income that exceeds $118,000 (single or married filing separately) or $186,000 (married filing jointly) for 2017, indexed for cost of living thereafter. Regular contributions made to a traditional IRA reduce the amount you can contribute to a Roth IRA.

III. IRA OWNER CERTIFICATION AND SIGNATURE

By signing this Form, 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 the Roth IRA. I certify that I am an employee of an employer that is eligible to participate in the DCRA, or the spouse of such eligible employee.

Roth IRA Owner Signature ____________________ **Date** ________/_______/_______

SEND FORM WITH CONTRIBUTION TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, IN 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