



Complete this Application for Rollover/Transfer to Roth IRA to rollover or transfer money from your former employer's retirement plan or IRA to your Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"). You must already have a Roth IRA under the DCRA or contemporaneously complete and return a Roth IRA Enrollment Form along with this Application before you can rollover/transfer money into the Roth IRA. A rollover/transfer can be accomplished in one of the following ways:

- **Direct Rollover:** You may instruct the plan administrator of the distributing plan to directly transfer the amounts payable to you under the retirement plan or IRA to your Roth IRA under the DCRA. A direct rollover from a *pre-tax* retirement account is called a conversion. A trustee-to-trustee transfer from an IRA is treated as a transfer, not a direct rollover.
- **Indirect Rollover:** After having received money from a distributing plan or IRA, you may deposit the amounts you received to your Roth IRA under the DCRA, so long as the deposit is made within 60 days of the date you received the money from the distributing plan. If you miss the 60-day rollover deadline, you may be eligible to self-certify that you meet an exception to the 60-day rollover requirement by completing the Certification for Late Rollover Contribution Form. An indirect rollover from a *pre-tax* retirement account or traditional IRA is called a conversion.
- **Transfer:** You may request a trustee-to-trustee transfer from another IRA to your Roth IRA under the DCRA. A transfer from a traditional IRA is called a conversion. You may also recharacterize a contribution made to another IRA (including a traditional IRA) as instead made to your Roth IRA by requesting a transfer to your Roth IRA that is made no later than the due date (including extensions) for your tax return for the tax year during which the contribution to the first IRA was made. This type of transfer is called a recharacterization.

You can make only one rollover from an IRA to another IRA in a 12 month period (this limit applies to all of your IRAs in aggregate). This limit does not apply to transfers (including recharacterizations), nor to rollovers from a traditional IRA to a Roth IRA (also known as a conversion).

If you are planning to rollover or transfer funds from a *pre-tax* retirement account or traditional IRA, **AND** you are age 70½ or will attain age 70½ this calendar year, you must satisfy any minimum required distribution requirements prior to a rollover or transfer, or leave the required distribution amount in the distributing plan or IRA and withdraw it prior to the distribution deadline.

**You must complete a separate Application for each distribution eligible for rollover or transfer. Return the completed Application, supporting financial statements (i.e., a copy of the most recent account statement), and, if applicable, a check from the current trustee or custodian or, if an indirect rollover, your personal check, to:**

Pension Fund of the Christian Church  
P.O. Box 6251  
Indianapolis, IN 46206-6251

**IMPORTANT:** Retain a copy of this completed Application for your records. For assistance, please call 317-634-4504 or toll-free 866-495-7322.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. IRA OWNER INFORMATION**

IRA Owner Name \_\_\_\_\_ Account No. \_\_\_\_\_  
(first) (middle) (last/family name) (if also opening an IRA, write "TBA")  
 *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. ROLLOVER/TRANSFER INFORMATION (OTHER THAN RECHARACTERIZATIONS)**

Rollover/transfer is a (*check one only*):

- Direct rollover from an employer retirement plan (401(a), 401(k), 403(b), or governmental 457(b)).
- Transfer (trustee-to-trustee) from another IRA.
- Indirect rollover of a distribution paid to you from an employer retirement plan or another IRA within 60 days of receipt. *If you are making an indirect rollover past the 60-day deadline, you must also attach a Certification for Late Rollover Contribution Form.*

Rollover/transfer is from (*check one only*):

- Pre-tax account under an employer retirement plan (401(a), 401(k), 403(b) or governmental 457(b)).
- Traditional IRA.
- Roth account under an employer retirement plan (401(k), 403(b) or governmental 457(b)).
- Roth IRA: *Year in which a Roth contribution was first made to the transferring Roth IRA* \_\_\_\_\_.
- Pre-tax 403(b) account under DCRA.

A rollover/transfer from a *pre-tax* retirement account or traditional IRA to a Roth IRA (also called a conversion) may be taxable to you in whole or in part. Please consult a tax advisor.

**Attach a copy of the most recent account statement from the custodian/trustee/administrator of the distributing plan, or in the event of an indirect rollover, a copy of the distribution statement from the custodian/trustee/administrator of the distributing plan reflecting the gross amount of the distribution and any federal and state taxes withheld.**

Name of Distributing Plan \_\_\_\_\_ Account/Contract No. \_\_\_\_\_

Name of Custodian/Trustee/Administrator \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Approximate Account Value \$ \_\_\_\_\_

**Rollover/Transfer Instructions for Custodian/Trustee/Administrator of the Distributing Plan (for Direct Rollovers/Transfers Only).** Please roll over or transfer the full or partial value of the account or contract identified above as a direct rollover or trustee-to-trustee transfer, as applicable, to the Roth IRA under the DCRA, as follows:

- Liquidate and process a partial distribution of \$ \_\_\_\_\_ or \_\_\_\_\_% of my account or contract as a direct rollover/transfer to my Roth IRA.
- Liquidate and process a distribution of my entire account or contract as a direct rollover/transfer to my Roth IRA account.

**Remit proceeds by check made payable to:** **Pension Fund of the Christian Church**  
**For the benefit of [insert name of account or contract holder]**  
**P.O. Box 6251**  
**Indianapolis, IN 46206-6251**

### III. RECHARACTERIZATIONS

Complete this Section III if you are requesting the recharacterization of a contribution made to a traditional IRA ("first IRA") as having been made instead to this Roth IRA.

- The amount of the contribution to the first IRA that is to be recharacterized is: \$ \_\_\_\_\_
- The date on which the contribution was made to the first IRA was: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- The tax year for which the contribution to the first IRA was remitted was: 20 \_\_\_\_\_

**Your election to recharacterize and the transfer must both take place on or before the due date (including extensions) for filing your tax return for the tax year for which the contribution was made to the first IRA (generally, by October 15). An election to recharacterize an IRA contribution cannot be changed once a transfer is made.**

**Attach a copy of the most recent account statement from the trustee of the first IRA, reflecting the contribution to be recharacterized.**

Name of first IRA \_\_\_\_\_ Account/Contract No. \_\_\_\_\_

Name of Trustee \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Approximate Account Value \$ \_\_\_\_\_

**Recharacterization Instructions for Trustee of the first IRA.** Please transfer in a trustee-to-trustee transfer the amount of the contribution identified above and any net income (or loss) allocation to the contribution to:

**Pension Fund of the Christian Church**  
**For the benefit of [insert name of account or contract holder]**  
**P.O. Box 6251**  
**Indianapolis, IN 46206-6251**

If the recharacterization relates to two IRAs that are maintained by Pension Fund, and the amount to be recharacterized includes the entire balance of the first IRA, Pension Fund will redesignate the first IRA as the second IRA, rather than transferring the account balance.

#### IV. IRA OWNER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that all of the following are true:
  - The distributing plan/IRA is an eligible retirement plan under Code Section 402(c)(8), which includes an IRA, a 401(a) plan (including a 401(k) plan), a 403(a) plan, a 403(b) plan, or a governmental 457(b) plan; and
  - The distribution from the eligible retirement plan is an eligible rollover distribution under Code Section 402(c)(4) that is not: (i) one of a series of substantially equal periodic payments made for my life, for the joint lives of me and my designated beneficiary; or for a specified period of 10 years or more; (ii) a required minimum distribution under Code Section 401(a)(9); (iii) a hardship distribution; or (iv) a qualified disaster relief distribution; and
  - If the rollover is an indirect rollover, the distribution is being contributed to my Roth IRA within 60 days after my receipt of the distribution from the eligible retirement plan, or I certify that my circumstances meet an exception to the 60-day rollover requirement, as provided in the attached Certification for Late Rollover Contribution Form; and
  - If the transfer is a recharacterization, the transfer is being made to my Roth IRA no later than the due date (including extensions) for filing my tax return for the tax year for which the contribution was made to the first IRA.
- I understand that I am responsible for determining and tracking the cost basis in my Roth IRA.
- I understand that I am responsible for any tax consequences arising from this transaction and for any fees imposed by the distributing plan. I also understand that Pension Fund will rely on the representations I have made on this Application, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- In support of these certifications, I am attaching a copy of the most recent account statement from the distributing plan's custodian/trustee/administrator, or in the event of an indirect rollover, a copy of the distribution statement from the custodian/trustee/administrator reflecting the gross amount of the distribution and the federal and state taxes withheld. My signature on this Application authorizes the custodian/trustee/administrator of the distributing plan to release any and all information regarding my account to Pension Fund in any form requested by Pension Fund.

Roth IRA Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### V. ACCEPTANCE BY PENSION FUND

In reliance on the above certifications, Pension Fund agrees to accept the above direct or indirect rollover or transfer for your benefit. The direct or indirect rollover amount or transfer will be credited to your Roth IRA under the DCRA.

Pension Fund Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

**Please remit a copy of this completed Application with a copy of the check for your direct or indirect rollover distribution or transfer to Pension Fund. The Application must be fully completed and signed in order for Pension Fund to process this request. It is very important that you make a photocopy of this Application for your records.**

#### 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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)