



Complete this *Spouse Beneficiary Application for BAA Distribution* if you are a spouse beneficiary with respect to a Benefit Accumulation Account ("BAA"), in order to direct Pension Fund as to how to pay your inherited account.

- PLEASE TYPE OR PRINT CLEARLY -

I. DECEASED ACCOUNT HOLDER INFORMATION

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

II. SPOUSE BENEFICIARY INFORMATION

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

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

State of Residence for State Taxes _____

Primary Phone Number _____ E-Mail Address _____

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

III. PAYMENT OF DISTRIBUTION

Distribution of the entire BAA 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 or transfer to another BAA. *You must be an owner of the bank account to which distributions are direct deposited. If you do not have a bank account on record, complete the following information and attach a "void" check to this Application:*

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number _____

Your Account Number _____ Bank Routing Number _____ Checking Savings

You may request a wire transfer if you need your distribution the same day. There is a \$35.00 wire service fee and your bank may charge an additional fee.

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

I direct Pension Fund to directly transfer the distribution to BAA No. _____.

VI. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- 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 BAA.
- As a beneficiary, I understand and agree that Pension Fund may only make a distribution of the BAA account holder's balance in my name if I am properly designated as the beneficiary on the account holder's current *Beneficiary Designation Form* on file with Pension Fund, or, in the absence of such form, based on the provisions in the BAA. **Unless already provided to Pension Fund, I have attached a copy of the account holder's death certificate to this Application.**

- 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.

Applicant 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