



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ - _____ - _____ Birth Date ____/____/____ Gender: Male Female

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Check one: Ordained Commissioned Licensed Date of ordination/commission/license ____/____/____

II. CONTRIBUTION INFORMATION

You may make the following types of contributions to the TDRA:

- ✓ **Pre-tax contributions.**
- ✓ **Rollover contributions** from an IRA or eligible retirement plan. *Complete and return Application for Rollover Contribution to TDRA.*

Pre-Tax Contributions: To voluntarily elect to make pre-tax contributions to the TDRA, complete the following:

I am requesting to make *pre-tax* contributions to the TDRA from my earned income from the exercise of my ministry. I understand that my total pre-tax contributions cannot exceed the Internal Revenue Service limits for the taxable year. See www.pensionfund.org for information on these limits. I understand that my election applies only with respect to earned income paid or made available to me after I become a member in the TDRA.

III. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable under the TDRA in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this Enrollment Form fail to survive you, your benefits will be paid to your spouse, or if none, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small>	_____ %
Mailing Address _____ <small>(street, city, state, zip code)</small>	
Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____	
Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	

Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____	_____ %
Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____	_____ %

IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this TDRA Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the TDRA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the TDRA.
- I understand that I can access the TDRA Member Resource Book and other information regarding the TDRA electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the TDRA Member Resource Book.
- I certify that the information provided on this TDRA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, including a change in my self-employment status or in my eligibility to make contributions.**
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the TDRA.
- I certify that all of the following are true with respect to my pre-tax contributions to the TDRA:
 - The contributions are from my earned income from the exercise of my ministry as a self-employed minister.
 - The contributions do **not** exceed 100% of my self-employment income from the exercise of my ministry.
 - The contributions do **not** relate to any compensation from my employment with an employer.
 - The contributions do **not** include any *after-tax* contributions.
 - The contributions would be includible in my taxable income from self-employment if it were not being contributed to the TDRA.
- I further certify that I understand the tax requirements for making *pre-tax* contributions to the TDRA and the potential tax consequences of making ineligible contributions. I understand that Pension Fund is relying on the factual accuracy of my certifications in allowing me to contribute to the TDRA. I understand that Pension Fund may require me to recertify this information on an annual basis. I agree that I will provide any other information reasonably requested by Pension Fund from time to time to properly administer the TDRA in accordance with its terms and applicable law.
- I designate the person(s) or entity(ies) named in Section III of this Form as beneficiaries for my TDRA account. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my TDRA account. I further agree that if I am

not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.

- If I am a minister, I have attached a copy of my current ministerial credentials.
- I understand that Pension Fund and the TDRA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the TDRA.

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

SEND FORM(S) WITH CHECK TO: Pension Fund of the Christian Church
Dept. 78885, P.O. Box 78000, Detroit, MI 48278-0885

SEND FORM(S) WITH BANK INFORMATION 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

Account No. _____	Member ID No. _____	Enrollment Date ____/____/____
Initial Contribution \$ _____	[Do not write in this box – for Pension Fund use only]	