



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Full Legal Name _____
(first) (middle) (last/family name)

Title Preference (*check one*): Mr. Mrs. Miss Ms. Rev. Dr. Chap. None

Social Security No./ITIN _____ Date of Birth ____/____/____ Gender: M F

Home Address _____

City _____ State _____ Country _____ Zip Code _____

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

E-Mail Address _____

US Citizen (*check one*): Yes No, citizen of _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Check one: Ordained Commissioned/Licensed **IMPORTANT: Provide a copy of your current credentials with this Form.**

Date of ordination or first date of commission/license ____/____/____.

II. CONTRIBUTION INFORMATION

The initial contribution amount remitted to the TDRA on my behalf is (*check one or more as applicable*):

\$ _____ in *pre-tax* contributions.

\$ _____ in rollover contributions from an IRA or eligible retirement plan. **Complete and return Application for Rollover Contribution to Tax-Deferred Retirement Account (TDRA).**

My current total compensation from self-employment (gross salary plus housing allowance) is \$ _____.

III. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable from your 403(b) account 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 three primary and three 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 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 _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____-____-_____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) 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 _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____-____-_____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____-____-_____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____-____-_____ Birth or Trust Date ____/____/____	_____%

IV. SPOUSAL CONSENT

If you reside or have resided in a community or marital property state (which may include, but are not necessarily limited to, AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI) and you are married, your spouse may need to complete this Section IV in order for you to name any one other than, or in addition to, your spouse as a beneficiary. If you are not currently married and you become married in the future, you must complete a new Beneficiary Designation Form. It is your responsibility to determine if this Section IV applies and to determine if the spousal consent language below is sufficient to satisfy applicable state statutes. Your state may require this Enrollment Form to be signed in the presence of a Notary Public. **IMPORTANT: If you reside in a community or marital property state and you do not secure spousal consent in accordance with your state's statutes, any beneficiary you designate in Section III other than your spouse may not be valid.**

SPOUSAL CONSENT. I am the spouse of the applicant. Due to the important tax consequences of giving up my interest in the funds covered by this beneficiary designation, I have been advised to see a tax or legal professional. I hereby voluntarily and irrevocably give the applicant any community property or marital interest I have in the funds covered by this beneficiary designation and consent to the beneficiary designation(s) indicated above. I assume full responsibility for this consent.

Spouse Signature _____ **Date** ____/____/____
Printed Name _____

Please have completed if your spouse's signature must be acknowledged by a Notary Public:

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature _____ (SEAL)

My commission expires ____/____/____

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Enrollment Form, 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 for a calendar year generally cannot exceed the limit under Section 402(g) of the Internal Revenue Code (\$18,000 for 2017, indexed for cost of living thereafter), increased if applicable by the 15 years of service catch-up (up to \$3,000 each year depending on prior *pre-tax* contributions, but no more than \$15,000 for a lifetime) and/or the age 50 catch-up (\$6,000 for 2017, indexed for cost of living thereafter). I understand that I am responsible for compliance with the applicable contribution limits under the Internal Revenue Code.

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 Tax-Deferred Retirement Account Member Resource Book and other information regarding the TDRA electronically at www.pensionfund.org, and that I can also request Pension Fund to mail me a copy of the Tax-Deferred Retirement Account Member Resource Book.

I certify that my contributions to the TDRA satisfy the following:

- 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 certify that the information provided on this Enrollment Form is accurate. 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 certification in allowing me to contribute to the TDRA. **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 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 acknowledge and agree that recurring distributions that I request from the TDRA will be directly deposited by ACH to my bank account on record with Pension Fund or to another bank account that I designate on my application for distribution.

I designate the person(s) or entity(ies) named in Section III of this Enrollment Form as beneficiaries for my 403(b) account under the TDRA. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. I understand that my beneficiary designation on this Enrollment Form will remain in effect until I complete, sign, and submit an updated Beneficiary Designation Form to Pension Fund at a later date. 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 403(b) account. I assume complete responsibility for all consequences if I fail to obtain any required consent.

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

SEND FORM WITH INITIAL CONTRIBUTION AND RELATED FORMS, IF APPLICABLE, TO:

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

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