



Complete this Application for One-Time Distribution/Transfer if you are a Traditional IRA owner or a beneficiary and you want to request a single, one-time distribution from your Traditional IRA or a single, one-time transfer from your Traditional IRA to another IRA (including recharacterizations). If you are requesting recurring distributions, complete the Traditional IRA Application for Recurring Distributions. If you are required by law to begin taking minimum distributions from your IRA and want to satisfy those rules by taking the required minimum distribution only, complete the Traditional IRA Application for Required Minimum Distributions.

- 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 _____

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

II. APPLICANT INFORMATION [COMPLETE ONLY IF APPLICANT IS NOT THE IRA OWNER]

Applicant Name _____ Social Security No./ITIN _____ - _____ - _____
(first) (middle) (last/family name)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____ *If you are not a US citizen, you must have an ITIN.*

Relationship to IRA Owner _____

III. REASON FOR DISTRIBUTION [NOT APPLICABLE TO TRANSFERS TO ANOTHER IRA]

Please select which category below applies with respect to your requested distribution (*check one only*):

- Age 59½ or older
- Disability (as defined in the DCRA) on ____/____/____ [*certification of disability required*]
- Death on ____/____/____ [*copy of death certificate required*]
- Distribution is for a first time home purchase (lifetime limit of \$10,000)
- Transfer incident to divorce [*letter of instruction to divide IRA incident to divorce required*]
- Other – early distribution [*see below*]

Early Distribution Tax Penalty. Unless you roll over the distribution you receive within 60 days to another IRA or eligible retirement plan under Section VI, you must generally pay a 10% penalty tax on the portion of your distribution that you have to include in taxable income. This penalty tax is not applicable if the distribution meets one of the following exceptions:

- is made after you are at least 59½ years old
- is made in the form of an annuity
- is made after you become disabled
- is made to you as the beneficiary of the deceased IRA owner
- is for a first time home purchase (up to a \$10,000 lifetime limit)
- is for medical expenses in excess of 10% of your adjusted gross income (7.5% if you or your spouse is age 65)
- is for qualified higher education expenses
- is for medical insurance premiums while you are unemployed
- is a qualified reservist distribution

IV. AMOUNT OF DISTRIBUTION/TRANSFER

I elect for my IRA to be distributed to me or transferred to the IRA identified below in a single lump sum. I understand that my election is irrevocable after the date as of which a distribution is made (*check one only*):

_____ % of my IRA

\$ _____ from my IRA (*check one only*) gross or net of taxes

V. FEDERAL AND STATE INCOME TAX WITHHOLDING [SUBSTITUTE FORM W-4P]

Pension Fund will withhold 10% from the amount of the **one-time distribution** or **one-time transfer to a Roth IRA** [*no withholding applies to transfers to another traditional IRA*]. You may instead elect more or less withholding from your distributions (*check one only*):

Do NOT withhold federal income tax from the distribution.

Withhold federal income tax from the distribution in accordance with the following:

➤ Total number of allowances you are claiming for withholding from the distribution

➤ Marital status: Single Married Married, but withhold at higher single rate

➤ Additional dollar amount, if any, you want withheld from the distribution: \$.

(*Note: You cannot enter an additional amount without entering the number of allowances above.*)

If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

If the social security number you provide on this Application is not correct, Pension Fund is required to withhold taxes on your distribution at 10%, even if you elected to have no withholding.

Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. Please indicate your state of tax residence (*if different than your home address in Section I or Section II, as applicable*) _____. For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

VI. ELECTIONS FOR PAYMENT OF DISTRIBUTION/TRANSFER

The amount elected under Section IV for distribution or transfer is eligible for rollover to an employer plan or to another IRA or for transfer to another IRA, as applicable, subject to the following limitations:

- Any amount required to satisfy the RMD rules is not eligible for rollover or transfer.
- Amount paid to non-spouse beneficiaries are not eligible for rollover or transfer.
- Nondeductible contributions are not eligible for rollover to another traditional IRA or employer retirement plan (conversions to a Roth IRA may include nondeductible amounts).

If you intend to roll over your distribution to an eligible employer plan or IRA, select direct cash payment. You must complete the rollover contribution within 60 days of receipt of your distribution.

I understand that my election is irrevocable after the date as of which a distribution/transfer is made (*check one only*):

Direct cash payment. I elect to have the distribution paid to me directly.

Transfer. I elect to have the distribution paid in a direct transfer to the IRA specified below (must be at least \$200). The recipient IRA is a traditional IRA **or** Roth IRA.

Partial direct cash payment/partial transfer. I elect to have \$ _____ or _____ % of the distribution paid to me directly and the remaining portion of the distribution paid in a direct transfer to the IRA specified below (must be at least \$500).

TRANSFER. If you have elected a transfer of all or a part of your IRA, please complete the following information [attach the recipient institution's forms required to complete this transfer to this Application]:

Name of Recipient IRA _____

Name of Trustee/Custodian _____

Contact Name _____ Phone Number (____) _____

Mailing Address of Trustee/Custodian _____

City _____ State _____ Country _____ Zip Code ____ - ____

Method of Transmitting Transfer:

- ACH.** ABA# _____ Account Number _____ *Funds deposited next day. There is no charge for ACH.*
- Wire Transfer.** ABA# _____ Account Number _____ *There is a charge for wire transfers.*
- Mail Check to Trustee/Custodian.** Make check payable to: _____

CASH PAYMENT. If you have elected a direct cash payment, it 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. If you do not have a bank account on record or if you want the distribution to be direct deposited by ACH to another bank account, 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

- I elect for my distribution to be made to me by check.** The distribution will be mailed to my home address as provided in Section I or Section II, as applicable.

VII. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that Pension Fund will process my distribution/transfer request only if I am an IRA owner or beneficiary presently entitled to receive a distribution. If I have applied for a distribution as a beneficiary, I have attached a copy of the IRA owner's death certificate to this Application. As a beneficiary, I further understand and agree that Pension Fund may only make a distribution of the IRA owner's account balance in my name if I am properly designated as the beneficiary on the IRA owner's current Beneficiary Designation Form on file with Pension Fund, or in the absence of such form, based on the provisions in the DCRA.
- If I have elected a transfer in whole or part, I certify that the recipient IRA identified above is a traditional or Roth individual retirement account or annuity under Code Section 408 or 408A, and that said IRA will accept the transfer amount on my behalf.
- 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.
- 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 DCRA.

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

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