



You are required by law to begin taking minimum distributions (RMDs) from the your Traditional IRA by the April 1 of the calendar year that you attain age 70½.  
If you die and RMDs have not yet begun, distributions must generally commence to your beneficiary by the end of the calendar year following the calendar year of your death. However, if you are the IRA owner's surviving spouse and are the sole designated beneficiary, then you can either elect to treat the IRA as your own, in which case RMDs must begin by the April 1 of the calendar year that you attain age 70½, or you will be required by law to begin taking RMDs from the IRA by the later of the end of the calendar year:

- following the calendar year of the IRA owner's death; or
- in which the IRA owner would have attained age 70½.

If you do not timely begin RMDs, you must pay a 50% excise tax on the difference between your RMD and any distributions actually made to you.

You must complete this Application for Required Minimum Distributions in order to direct Pension Fund as to how to pay your RMDs. Contact Pension Fund if you want to satisfy the RMD rules by taking another form of distribution from your Traditional IRA or by taking a distribution from another IRA. If you do not direct Pension Fund as to how to satisfy the RMD rules, Pension Fund will automatically begin sending your RMDs to you each December.

**- 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. BENEFICIARY INFORMATION [COMPLETE ONLY IF IRA OWNER IS DECEASED]**

Beneficiary 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.*

Date of IRA Owner's Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to IRA Owner \_\_\_\_\_

**III. PAYMENT OF DISTRIBUTION**

Check the applicable box(es) below:

I elect for my RMD to be withdrawn from IRA account no. \_\_\_\_\_.

I have multiple IRAs, and I elect for my RMD to be withdrawn pro rata from all IRAs.

I understand that I will receive an annual payment equal to my RMD for the calendar year each December, **unless** I elect to receive my annual RMD payment each year on or as soon as administratively practicable after (*enter day and month*) \_\_\_\_/\_\_\_\_.

If I have attained age 70½ this year, I may elect to postpone my initial RMD until April 1 of the next calendar year. I understand that if I make an election to postpone my initial RMD, I will receive two RMDs the following year, one by April 1 and one in December.

I elect to postpone my initial RMD until April 1 of the next calendar year (*member option only*).

I elect to receive my RMD (*check one only*):

- Direct deposited by ACH into my bank account on record with Pension Fund.** *If you do not have a bank account on record or if you want your distributions 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

- Transferred to my BA Account No.** \_\_\_\_\_. *If you do not already have a BA Account, you must contemporaneously complete and return a BAA Enrollment Form with this Application (member or surviving spouse option only).*

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

Pension Fund will withhold 10% on each distribution, unless you elect more withholding or no withholding from your distributions (*check one only*):

- Do NOT withhold federal income tax from any distributions.
- Additional dollar amount above 10%, if any, you want withheld from each distribution: \$□□□□.□□.

Your election will remain in effect until you submit a new Substitute Form W-4P making a new election. You may submit a new Substitute Form W-4P at any time, and it will be effective the first day of the next month that falls at least 30 days after the completed Substitute Form W-4P is received by Pension Fund. If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, 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 RMDs 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](http://www.pensionfund.org).

#### V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that I can also satisfy the RMD rules by taking another form of distribution from the IRA, and that if I would like more information regarding these options, I can contact Pension Fund.
- I understand that Pension Fund will process my distribution 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.
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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