Pension Fund
of the Christian Church

APPLICATION FOR ALTERNATE PAYEE PENSION FROM THE PENSION PLAN

Complete this *Application for Alternate Payee Pension from the Pension Plan* if you are the alternate payee under a qualified domestic relations order ("QDRO") that directs for Pension Fund to assign you a specified percentage of the member's accrued age pension credits under the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan"). Your Alternate Payee Pension under the Pension Plan is based on the age pension credits assigned to you under the QDRO, as well as the special apportionments that have been awarded from time to time by the Board of Directors of Pension Fund. Your Alternate Payee Pension will be paid monthly for your life commencing no earlier than the date that you attain age 60. The Alternate Payee Pension will not be paid for any period preceding the date of this Application by more than three months.

- PLEASE TYPE OR PRINT CLEARLY -

I. ALTERNATE PAYEE INFORMATION

Alternate Payee Name _____
(first)   (middle)   (last/family name)

Social Security No./ITIN __ __ __-__ -__ __ __   Date of Birth _____/_____/_____   Citizenship _____

Home Address _____

City _____ State _____ Country _____ Zip Code _____-_____

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

E-Mail Address _____

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

II. FEDERAL AND STATE INCOME TAX WITHHOLDING RULES

Federal Withholding. Pension Fund will withhold on the distributions made to you from the Pension Plan as if you are single with no adjustments. Withholding rates apply only to the taxable portion of the distribution (*e.g.*, after-tax contributions to the Pension Plan are not taxable to you).

You may elect to change your default withholding rate (within IRS limits) by completing a **Form W-4P,** *Withholding Certificate for Periodic Pension or Annuity Payments*. To access this form, see www.pensionfund.org. Your election will remain in effect until you make a new election by submitting a new Form W-4P. You may submit a new 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 Form W-4P is received by Pension Fund.

State 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. For more information regarding the withholding requirements of your state of residence, see www.pensionfund.org.

Indicate your state of tax residence (*if different than your home address in Section I*)_____.

III. PAYMENT OF ALTERNATE PAYEE PENSION

I elect for my Alternate Payee Pension to begin on the first day of the month of _____ of the year 20_____, which can be no earlier than <u>the later of</u> (ii) the date I attain age 60, (ii) the date specified in my QDRO, or (ii) the first day of the month after I submit this completed Application to Pension Fund.

I understand that my Alternate Payee Pension will be direct deposited by ACH into my 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

IV. ALTERNATE PAYEE CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- 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 I am required to provide with this Application a copy of my **birth certificate, passport, driver's license, or state issued identification card.**

- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide member services to me under the Pension Plan.

- I understand that if I am younger than the member when my Alternate Payee Pension commences, my pension will be actuarially adjusted based on my life expectancy. I further understand that if I am younger than age 65 when my Alternate Payee Pension commences, my pension will be adjusted to the actuarial equivalent of the Alternate Payee Pension that would be payable to me when I attain age 65.

- I understand that no benefits are payable under the Pension Plan upon my death, and that I have no interest in any amount payable upon the death of the member.

Alternate Payee Signature _____ **Date** _____/_____/_____

Pension Fund of the Christian Church
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