



## **APPLICATION FOR DEPENDENT PARENT PENSION FROM THE PENSION PLAN**

Complete this *Application for Dependent Parent Pension from the Pension Plan* to commence a Dependent Parent Pension if you are the parent of a deceased member who is not survived by a spouse or qualified domestic partner or a surviving child. A Dependent Parent Pension is the same as the Surviving Spouse/Partner Pension that would have been paid to a surviving spouse/partner had the member been survived by a spouse or qualified domestic partner. If there is more than one dependent parent, then this pension will commence to the younger dependent parent and upon the death of such parent, will commence to the other dependent parent, if surviving. Unless already on file with Pension Fund, each parent must also complete and return with this Application a *Beneficiary Verification Form* and supporting documentation.

Your Dependent Parent Pension will be paid monthly for your life commencing on the member's date of death if the member died before he or she began to receive a pension under the Pension Plan or the first day of the month after the member's date of death if the member died while receiving a pension under the Pension Plan. The Dependent Parent Pension will not be paid for any period preceding the date of this Application by more than three months.

Dependency is determined by Pension Fund in its sole and absolute discretion pursuant to its policies and procedures, which may be amended from time to time.

**If there is more than one dependent parent and the dependent parents are divorced, each dependent parent must complete a separate Application for Dependent Parent Pension.**

**- PLEASE TYPE OR PRINT CLEARLY -**

### **I. DEPENDENT PARENT INFORMATION**

Complete the following information for each dependent parent, if married:

**First Parent Name** \_\_\_\_\_ Last four digits of 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.*

**Second Parent Name** \_\_\_\_\_ Last four digits of 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.*

**Member Name** \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(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](http://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](http://www.pensionfund.org).

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

### III. PAYMENT OF DEPENDENT PARENT PENSION

**I understand that my Dependent Parent 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. DEPENDENT PARENT 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.
- If not already on file with Pension Fund, I understand that each dependent parent is required to return a completed *Beneficiary Verification Form* and supporting documentation with 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 member services to me under the Pension Plan.
- I certify that to the best of my knowledge, the deceased member does not have any surviving spouse/partner or surviving children.
- I understand that if the member has two surviving dependent parents, the Dependent Parent Pension will be established for the younger parent and upon the younger parent's death, will be reestablished for the older parent, if surviving.
- I understand that Pension Fund has the absolute right, in its sole discretion, to determine whether or not a parent was dependent on the member prior to the member's death, within the meaning of the Pension Plan.
- I understand that I may also be entitled to additional death benefits if I was named as the member's designated beneficiary, and that I should contact Pension Fund for more information regarding these benefits.

**First Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Second Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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