



APPLICATION FOR AGE RETIREMENT PENSION FROM THE PENSION PLAN

Complete this *Application for Age Retirement Pension from the Pension Plan* if you are age 65 or older and you have retired from employment. Your Age Retirement Pension under the Pension Plan is based on your total compensation on which dues have been paid, as well as the special apportionments that have been awarded from time to time by the Board of Directors of Pension Fund. Your Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 65 or retire. The Age Retirement 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. MEMBER INFORMATION

Member Name _____ (first) (middle) (last/family name) Member Ref. No. _____

☐ Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

Last four digits of Social Security No./ITIN _____ Date of Birth ____/____/____

Severance of Employment Date ____/____/____ from (insert name of former employer) _____

II. SPOUSE/PARTNER INFORMATION

Check Marital/Partner Status:

☐ Single ☐ Divorced ☐ Widow(er); if checked, date of death ____/____/____

☐ Married; if checked, date of marriage ____/____/____

☐ Qualified Domestic Partnership; if checked, an *Affidavit of Qualified Domestic Partnership* must be on file with Pension Fund

Spouse/Partner Name _____ (first) (middle) (last/family name)

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

Email Address _____

III. ELECTION OF OPTIONAL FORM OF SURVIVING SPOUSE/PARTNER PENSION

NOTE: Complete this Section only if you want to elect an optional form of Surviving Spouse/Partner Pension. I understand that I will receive an Age Retirement Pension during my life, and that upon my death my surviving spouse or qualified domestic partner will receive a Surviving Spouse/Partner Pension equal to 50% of my Age Retirement Pension. I understand that I may instead elect to receive a *reduced* Age Retirement Pension during my life, in which case upon my death my surviving spouse/partner will receive a *higher* Surviving Spouse/Partner Pension.

I understand that my reduced Age Retirement Pension and my spouse/partner's higher Surviving Spouse/Partner Pension will be the actuarial equivalent of the pensions otherwise payable to me and my spouse/partner under the Pension Plan. The election of this option will not affect any death benefit under the Pension Plan other than the Surviving Spouse/Partner Pension. I understand that this election is **irrevocable** once my Age Retirement Pension commences.

I understand that this election is automatically cancelled upon the death of, or my divorce from or termination of domestic partnership with, the undersigned spouse/partner, and my Age Retirement Pension will be paid as if I had not made this election beginning the month following my written notice to Pension Fund of such death or divorce or termination of domestic partnership.

☐ I elect to receive a reduced Age Retirement Pension and for my surviving spouse/partner to receive a Surviving Spouse/Partner Pension equal to **100% of my reduced age retirement pension.**

☐ I elect to receive a reduced Age Retirement Pension and for my surviving spouse/partner to receive a Surviving Spouse/Partner Pension equal to **75% of my reduced age retirement pension.**

Member Signature _____ Date ____/____/____

Spouse/Partner Signature _____ Date ____/____/____

STATE OF _____)

COUNTY OF _____)

On this ____ day of _____, personally appeared before me the above named _____ and _____, 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 ____/____/____

IV. ELECTION OF FIVE YEAR CERTAIN PENSION

NOTE: Complete this Section only if you want to elect a Five Year Certain Pension. I understand that if (i) I do not have a spouse or qualified domestic partner at the time of my retirement and (ii) I was an active member at all times from age 60 until my retirement, then in lieu of a Surviving Spouse/Partner Pension, I may instead elect for the individual designated as my beneficiary below to receive a Five Year Certain Pension equal to 50% of my Age Retirement Pension for a period of 60 months (or until the designated beneficiary's death, if earlier).

I understand that payment of the Five Year Certain Pension will be in lieu of a Surviving Spouse/Partner Pension, even if I marry or establish a qualified domestic partnership after I commence my Age Retirement Pension. I further understand that upon my death, the Full Orphan Pension, Dependent Parent Pension, and/or a Death Settlement of Member Dues will **not** be payable. I understand that this election is **irrevocable** once my Age Retirement Pension commences.

☐ I elect to receive an Age Retirement Pension and for my designated beneficiary to receive a Five Year Certain Pension equal to 50% of my Age Retirement Pension for a period of 60 months.

Complete the following to designate your beneficiary for the Five Year Certain Pension. *Your designated beneficiary must be an individual.*

Primary Beneficiary Name _____			
(first)	(middle)	(last/family name)	
Home Address _____			
City _____	State _____	Country _____	Zip Code _____ - ____
Social Security No./ITIN _____ - ____ - ____		Date of Birth ____/____/____	
Email Address _____			

IMPORTANT: The beneficiary you designate to receive a Five Year Certain Pension may be different from the beneficiary you designated for purposes of receiving the Pensioner Death Benefit or the Salary Continuation Death Benefit, as applicable. You may change your designated beneficiary at any time by submitting a completed and signed *Beneficiary Designation Form* to Pension Fund. The Five Year Certain Pension will not be payable if you do not have a designated beneficiary who is living at the time of your death.

Member Signature _____ Date ____/____/____

V. 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). Note that even if you are a minister and Pension Fund has designated 100% of your distribution as housing allowance, withholding will apply to the taxable portion of the distribution unless you elect out of withholding.

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/forms. 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) _____.

VI. PAYMENT OF AGE RETIREMENT PENSION

I elect for my Age Retirement Pension to begin on the first day of the month of _____ in the year 20____, which can be no earlier than the later of (i) the date I attain age 65, (ii) the date I retire, or (iii) the first day of the month after I submit this completed Application to Pension Fund.

I understand that my Age Retirement Pension will be 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 would like your Age Retirement Pension 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

VII. MEMBER 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, unless already on file with Pension Fund, I am required to provide with this Application:
 - Proof of my age and the age of my spouse/partner with a copy of a **birth certificate, passport, driver's license, or state issued identification card**; and
 - Proof of my spousal/partner relationship with a copy of my **marriage certificate or other proof of marriage** or an ***Affidavit of Qualified Domestic Partnership with supporting documentation***.
- 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 have elected an optional form of benefit in Section III, and after my reduced Age Retirement Pension commences my spouse/partner dies or I divorce my spouse or terminate my domestic partnership, that I am entitled to an unreduced Age Retirement Pension beginning the month after I give written notice to Pension Fund of my spouse/partner's death or divorce or termination of domestic partnership, as applicable.
- I understand that if I have elected a Five Year Certain Pension in Section IV, the individual designated beneficiary named in Section IV will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time.
- I certify that I have retired from employment within the meaning of the Pension Plan by satisfying **one of the following requirements**:
 - I have completely and permanently severed employment with my Employer and all entities, including churches, colleges, agencies, units or other organizations which directly or indirectly serve the Disciples of Christ, and with any other organization that is eligible to participate in the Pension Plan, with no anticipation of future service.
 - I am a minister and I have permanently severed employment with the Employer for which I was performing ministerial services with no anticipation of future service.

- The level of my bona fide services to my Employer has permanently decreased to less than 50% of the average level of my bona fide services to my Employer over the immediately preceding 36-month period.

- I understand that all documents required to be attached to this Application can be uploaded to the member portal.

Member Signature _____ Date ____/____/____

VIII. EMPLOYER CERTIFICATION AND SIGNATURE

This certification is required only if the member is retiring from active service. I certify that I am authorized to sign this Application for Age Retirement Pension on behalf of the Employer of the member. I further certify that on ____/____/____, either (i) the member will or has completely and permanently severed employment with the Employer and there is no written or unwritten agreement or understanding that the member will be reemployed by the Employer at any time, or (ii) the level of the member's bona fide services to the Employer will or has permanently decreased to less than 50% of the average level of the member's bona fide services to the Employer over the immediately preceding 36-month period.

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

Title _____

IX. PENSION FUND AUTHORIZATION

The former Employer has confirmed that the member severed employment or reduced hours, if applicable, on ____/____/____ and/or, with respect to a minister, the Regional Minister has confirmed that the member is no longer in active ministry with any employer eligible to participate in the Pension Plan.

Pension Fund Representative Signature _____ Date ____/____/____

Printed Name _____

Pension Fund of the Christian Church

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