



Complete this *Beneficiary Verification Form* to authenticate your identity if you have been designated a beneficiary by a member, IRA owner, and/or BA Account holder with respect to benefits under a program administered by the Pension Fund of the Christian Church (Disciples of Christ). Each beneficiary is required to complete a separate Form. Benefits cannot be processed or distributed until this Form is completed and returned. Pension Fund reserves the right to request additional information if needed to ensure benefits are paid in accordance with the terms of the governing documents and applicable law. Indicate all programs with respect to which you are filing for benefits:

Check	Plan Name	Account No.
<input type="checkbox"/>	Pension Plan	
<input type="checkbox"/>	Tax-Deferred Retirement Account	
<input type="checkbox"/>	Traditional IRA	
<input type="checkbox"/>	Roth IRA	
<input type="checkbox"/>	Benefit Accumulation Account	

- PLEASE TYPE OR PRINT CLEARLY -

I. DECEASED MEMBER/OWNER/ACCOUNT HOLDER INFORMATION

Member/Owner/Account Holder Name _____ Member Ref. No. _____
(first) (middle) (last/family name)
Home Address _____
City _____ State _____ Country _____ Zip Code _____ - _____

II. BENEFICIARY INFORMATION

Individual or Trust Name _____
(first) (middle) (last/family name)
Mailing Address _____
City _____ State _____ Country _____ Zip Code _____ - _____
Primary Phone Number (_____) _____ E-Mail Address _____
Relationship to Deceased _____
Social Security No./ITIN _____ - _____ - _____ Trust EIN No. _____ - _____ Birth/Trust Date ____/____/____

If the beneficiary is a minor, provide the following information for the minor's parent or legal guardian:

Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)
Mailing Address _____
City _____ State _____ Country _____ Zip Code _____ - _____
Primary Phone Number (_____) _____ E-Mail Address _____
Relationship to Minor Child _____

If you are aware of any other beneficiaries, provide the following information:

Beneficiary Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)
Mailing Address _____
City _____ State _____ Country _____ Zip Code _____ - _____
Primary Phone Number (_____) _____ E-Mail Address _____
Relationship to Member/IRA Owner _____

Beneficiary Name _____ (first, middle, last/family name)	Social Security No./ITIN ____-____-____
Mailing Address _____	
City _____	State _____ Country _____ Zip Code ____-____
Primary Phone Number (____) _____	E-Mail Address _____
Relationship to Member/IRA Owner _____	

Beneficiary Name _____ (first, middle, last/family name)	Social Security No./ITIN ____-____-____
Mailing Address _____	
City _____	State _____ Country _____ Zip Code ____-____
Primary Phone Number (____) _____	E-Mail Address _____
Relationship to Member/IRA Owner _____	

III. BENEFICIARY/AUTHORIZED REPRESENTATIVE SIGNATURE

By signing below, I certify that I am the beneficiary identified above and that all information provided on this Form is true and accurate. If I am signing below as a trustee, I declare that the named trust is in full force and effect, that I am a current trustee of the named trust, and that I am acting within the scope of my authority under the named trust. If there are multiple trustees, I understand that all trustees must sign this Form unless I am authorized under the trust to act alone. I understand that death benefits will not be paid to me unless I provide a social security number or, if a trust or estate, a tax identification number.

I understand that I must complete a *Beneficiary Designation Form* to designate beneficiaries to receive benefits payable under the applicable program, if any, in the event of my death.

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

Indicate the capacity in which you are signing this Form:

- ☐ Individual/self
 ☐ Sole Trustee
 ☐ Co-Trustee
 ☐ Executor/Executrix
 ☐ Personal Representative
☐ Custodian
 ☐ Administrator
 ☐ Other _____

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

Indicate the capacity in which you are signing this Form:

- ☐ Co-Trustee
 ☐ Other _____

IMPORTANT – You must submit the following documents with this Form:

- A copy of the death certificate for the deceased member, IRA owner, or BA Account holder.
- A copy of an official identification document which bears your signature, such as a passport, driver's license, or state issued identification card.
- A copy of the death certificate for any designated beneficiary that predeceased the member, IRA owner or BA Account holder.
- The following documents must be submitted depending on the capacity in which you are executing this Form:
 - If you are a trustee, a copy of the fully executed trust document that clearly identifies all of the beneficiaries and trustees.
 - If you are an executor, personal representative, or administrator, a copy of the letters of testamentary or letters of administration.
 - If you are a surviving spouse, a copy of your marriage license or other document evidencing marriage, and, if the member/owner/account holder was previously married, a copy of the divorce decree for all previous marriages.

- If you are a qualified domestic partner (*Pension Plan benefits only*), Pension Fund must have on file a copy of your Affidavit of Qualified Domestic Partnership, and no subsequent notice by the member of termination of the partnership.
 - If you are a surviving child (*Pension Plan benefits only*), a copy of your birth certificate, adoption decree, paternity decree, or other official government records establishing the relationship.
 - If you are a surviving parent (*Pension Plan benefits only*), a copy of the member's birth certificate, adoption decree, or other official government records establishing the relationship.
 - If you are a disabled individual (*TDRA or IRA benefits only*), a copy of your Social Security determination of disability. If you have not received a Social Security determination of disability, contact Pension Fund for additional information on disability criteria.
 - If you are a chronically ill individual (*TDRA or IRA benefits only*), a copy of a certification from a licensed health care practitioner that you are unable to perform (without substantial assistance from another individual) at least two activities of daily living for an indefinite period which is reasonably expected to be lengthy in nature.
- If the beneficiary is a minor and you are executing this Form as the minor's guardian, in addition to the documentation required of the beneficiary, a copy of the letters of guardianship or other court document appointing you the custodian of the minor child's property.
 - If you are executing this Form on behalf of a beneficiary, in addition to the documentation required of the beneficiary, a copy of the power of attorney papers granting you the power to claim benefits on behalf of the beneficiary.
 - If a beneficiary's name has changed because of marriage or divorce, a copy of the marriage certificate or divorce decree, or if it has changed due to personal preference, a court document indicating the name change from the birth name to the requested name.

Pension Fund of the Christian Church

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