



## RCA APPLICATION FOR EARLY AGE RETIREMENT PENSION

Complete this RCA Application for Early Age Retirement Pension if you are at least age 60 but have not yet attained age 65 and you have retired from employment. Your Early Age Retirement Pension under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") 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 Trustees of the RCA, but is reduced for each full calendar month by which the commencement of benefits precedes your 65<sup>th</sup> birthday. Your Early Age Retirement Pension will be paid monthly for your life commencing on the later of the date that you attain age 60 or retire. The Early 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			Member Ref. No.	
(first)	(middle)	(last/family name)		
Check here if there has been a change to your contact information on file.				
Home Address				
City	Province	Country	Postal Code	
Daytime Phone Number (	)	E-Mail Address		
Social Insurance Number		Date of Birth//		
Severance of Employment Date/ from (insert name of former employer)				
II. SPOUSE INFORMATION				
Check Marital Status: Single Divorced Widow(er); if checked, date of death/				
☐ Married/common law relationship; if checked, date of marriage or common law relationship / /				
Spouse Name(first)				
			(last/family name)	
Social Insurance Number		Date of Birth//		
III. ELECTIONS FOR PAYMENT OF DISTRIBUTION				
I elect for my Early Age Retirement Pension to begin on the first day of the month of				
I elect for my Early Age Retirement Pension to be paid as follows (check one only):				
☐ I elect to have the distribution direct deposited to my bank account. Complete and enclose with this Application an RCA Bank Information/Change of Payment Distribution Form.				
☐ I elect to have the distribution paid to me by cheque. Distributions will be mailed to my home address as set forth in Section I.				

## IV. 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 a copy of my birth certificate, my spouse's birth certificate, and/or my marriage certificate or statutory declaration of common law union, as applicable, as well as a copy of my passport, driver's license, government issued identification card, or national identity card.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my election and to provide member services to me under the RCA.

- I understand that my Early Age Retirement Pension reflects a reduction in the Age Retirement Pension for each full month that commencement of benefits precedes my 65<sup>th</sup> birthday. I further understand that my election of an Early Age Retirement Pension does not affect any death benefits under the RCA, including the Surviving Spouse Pension.
- If I elected to have my Early Age Retirement Pension direct deposited to my bank under Section III, I understand that I am required to provide a completed RCA Bank Information/Change of Payment Distribution Form with this Application.
- I certify that I have retired from employment within the meaning of the RCA 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 RCA, 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.

Member Signature	Date/
V. EMPLOYER CERTIFICATION AND SIGNATURE	${f E}$
this Application for Early Age Retirement Pension on behalf of the Employer and there is no written or unwritten agreement Employer at any time, or (ii) the level of the member's	ing from active service. I certify that I am authorized to sign alf of the Employer of the member. I further certify that on or has completely and permanently severed employment with it or understanding that the member will be reemployed by the bona fide services to the Employer will or has permanently aber's bona fide services to the Employer over the immediately
Employer Representative Signature	Date/
Printed Name	
Title	
VI. PENSION FUND AUTHORIZATION	
	severed employment or reduced hours, if applicable, on ister, the Regional Minister has confirmed that the member is no cipate in the RCA.
Pension Fund Representative Signature	Date/
Printed Name	

## **Pension Fund of the Christian Church**

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