



Pension Fund
of the Christian Church

RCA APPLICATION FOR LUMP SUM SETTLEMENT

Complete this Application for Lump Sum Settlement from the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") in order to apply for a single lump settlement of your benefits under the RCA. If you are the member, you are eligible to receive a single lump sum settlement of your benefits under the RCA if all of the following conditions are satisfied:

- You have severed employment with your employer and any other employer that is eligible to participate in the RCA with no anticipation of future service; and
- You have applied for and received a distribution of your refundable dues if you are eligible for such a refund; and
- The net present value of your benefit is less than \$5,000.

Spousal consent is required to request a lump sum settlement from the RCA.

If you are the beneficiary of a deceased member who had not yet begun to receive a pension under the RCA at the time of his or her death, you are eligible to receive a single lump sum settlement of your benefits under the RCA if the net present value of your benefit is less than \$5,000.

- 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. SPOUSAL/BENEFICIARY INFORMATION

Spouse/Beneficiary Name _____ Social Insurance Number ____ - ____ - ____
(first) (middle) (last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

Daytime Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Date of Birth ____ / ____ / ____ Citizenship _____

Relationship to Member _____

III. ELECTIONS FOR PAYMENT OF DISTRIBUTION

I elect for my distribution 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 or II, as applicable.

IV. APPLICANT AND SPOUSAL CERTIFICATION AND SIGNATURE

I hereby voluntarily apply for a single lump sum settlement of my benefits under the RCA. I understand that this settlement represents the net present value of the amount I would receive as a pension over my life expectancy and the life expectancy of my spouse, if applicable. By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate.
- 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.
- If I elected to have my distribution 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.

- If I am a member, I certify that 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, and that I do not anticipate any future such service. If I am a minister, I further certify that I have permanently ceased providing services in the exercise of my ministry and do not anticipate any future such service. I understand that I must provide written verification from my Employer that I have severed employment and, if I am a minister, from the Regional Minister that I am no longer in active ministry with any employer eligible to participate in the RCA.
- If I am a member, upon distribution of this settlement, I understand that I will cease to be a member of the RCA, neither I nor my spouse will be entitled to any further rights or benefits under the RCA, and that I and my spouse waive any further claim for benefits under the RCA. If I am a beneficiary, upon distribution of this settlement, I understand that I will not be entitled to any further rights under the RCA, and that I waive any further claim for benefits under the RCA.
- 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.
- If I am a beneficiary, I understand that I am required to provide a copy of the death certificate of the member to Pension Fund.

Member/Beneficiary Signature _____ Date ____/____/____

The following section must be completed if a married member (or member in a common law relationship) is the applicant. I agree to the settlement requested in this Application, although I understand that I will not be entitled to any further rights or benefits under the RCA, including a Surviving Spouse Pension, and I waive any further claim for benefits under the RCA.

Spouse Signature _____ Date ____/____/____

PROVINCE OF _____)

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

V. EMPLOYER CERTIFICATION AND SIGNATURE [COMPLETE ONLY IF MEMBER IS APPLICANT]

This certification is required only if the member is retiring from active service. I certify that I am authorized to sign this Application for Lump Sum Settlement on behalf of the Employer of the member. I further certify that the member will or has completely and permanently severed employment with the Employer on ____/____/____, and that there is no written or unwritten agreement or understanding that the member will be reemployed by the Employer at any time. I have no knowledge that the member will be in active compensated ministry with an employer eligible to participate in the RCA after severance from employment with the Employer.

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

Title _____

VI. PENSION FUND AUTHORIZATION [COMPLETE ONLY IF MEMBER IS APPLICANT]

The former Employer has confirmed that the member severed employment 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 RCA.

Pension Fund Representative Signature _____ Date ____/____/____

Printed Name _____

Pension Fund of the Christian Church

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