



Pension Fund
of the Christian Church

RCA APPLICATION FOR REFUND OF REFUNDABLE DUES FOR VESTED MEMBERS

Complete this Application for Refund of Refundable Dues if you are vested in your benefits under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA"), you have severed employment with your employer and all other employers eligible to participate in the RCA, you are not yet eligible for a retirement pension under the RCA, and you are requesting a refund of the refundable portion of the dues paid during your period of active membership in the RCA. Spousal consent is required to request a refund of refundable dues.

- 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 _____

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

II. 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.

III. MEMBER AND SPOUSAL CERTIFICATION AND SIGNATURE

By signing this Application, I hereby voluntarily apply for a refund of the refundable portion of dues paid during my period of active membership in the RCA, and 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 elections and to provide member services to me under the RCA.
- If I elected to have my distribution direct deposited to my bank under Section II, 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 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.
- I understand that the refundable dues are equal to 3% of the compensation on which dues were paid. I further understand that I will also receive interest on the refunded dues at the rate officially established by the Board of Trustees of the RCA.
- I understand that a distribution of refundable dues will result in the cancellation of the portion of my pension benefit under the RCA attributable to such refundable dues.

Member Signature _____ Date ____/____/____

The following section must be completed if the member is married or in a common law relationship. I agree to the distribution requested in this Application, although I understand that it will result in a reduced pension benefit, including a reduced Surviving Spouse Pension, 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 ____/____/____

IV. PENSION FUND AUTHORIZATION

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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