



A surviving child of a deceased member of the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") may be eligible for certain surviving child benefits. Complete this RCA Application for Surviving Child Benefits in order to commence the following benefits:

- A **Surviving Child Pension** if the member was actively participating in the RCA at his or her retirement date or death or was receiving a Disability Benefit. The Surviving Child Pension is \$6,000 per year, and is payable in monthly installments to each surviving child of the member until the child attains age 21.
- A **Full Orphan Pension** if the member has no surviving spouse. The amount of the Full Orphan Pension is the same as the Surviving Spouse Pension that would have been paid to a surviving spouse, paid in equal shares to each surviving child until the child attains age 21. The Full Orphan Pension is **in addition to** the Surviving Child Pension.

For purposes of these benefits, the child must be under the age of 21 at the time of the member's death and either the natural born child of the member or the legally adopted child of the member, for whom the member had legal responsibility to support (but does not include a stepchild unless the member legally adopted the stepchild).

The Surviving Child Pension and the Full Orphan Pension will commence on the member's date of death if the member died before he or she began to receive a pension under the RCA or the first day of the month after the member's date of death if the member died while receiving a pension under the RCA. Benefits will not be paid for any period preceding the date of this Application by more than three months.

Each surviving child eligible for a Surviving Child Pension and/or Full Orphan Pension must complete a separate Application for Surviving Child Benefits.

- PLEASE TYPE OR PRINT CLEARLY -

I. SURVIVING CHILD INFORMATION

Child Name _____
(first) (middle) (last/family name)

Social Insurance Number ____ - ____ - ____ Date of Birth ____ / ____ / ____ Citizenship _____

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

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

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

II. PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name _____ Social Insurance Number ____ - ____ - ____
(first) (middle) (last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

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

E-Mail Address _____

Relationship to Deceased Member: ☐ Widow(er) ☐ Ex-spouse ☐ Other _____

Relationship to Child: ☐ Parent ☐ Stepparent ☐ Legal Guardian ☐ Other _____

III. PAYMENT OF SURVIVING CHILD PENSION AND/OR FULL ORPHAN PENSION

The Surviving Child Pension and/or Full Orphan Pension for the surviving child will be paid to the parent/legal guardian on behalf of and for the benefit of the surviving child until the child is 18 years old. If the surviving child is age 18 or older at the time of the member's death, or at such time that the surviving child attains age 18, the surviving child may elect to receive his or her Surviving Child Pension and/or Full Orphan Pension directly either by mail or direct deposit to his or her bank. In all cases, the Surviving Child Pension and Full Orphan Pension are taxable to the child.

If the surviving child is age 18 or older, the surviving child makes the following election (*check one only*):

- ☐ Pay the benefits covered by this Application to me as provided in this Section III.
- ☐ Pay the benefits covered by this Application to the parent/legal guardian for my benefit as provided in this Section III.

I (the surviving child or parent/legal guardian, as applicable) elect for the **Surviving Child Pension** and/or **Full Orphan Pension** to be paid as follows (*check one only*):

- ☐ **I elect to have the distributions 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 distributions paid to me by cheque.** Distributions will be mailed to my home address as set forth in Section I or Section II, as applicable.

IV. SURVIVING CHILD AND PARENT/LEGAL GUARDIAN CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate, and that the surviving child identified in Section I is eligible for the benefits covered by this Application. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- 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 under the RCA to the surviving child identified in Section I.
- If I am the parent/legal guardian, I understand that I am required to provide a copy of the death certificate of the member and, if applying for a Full Orphan Pension, of the surviving child's other parent, to Pension Fund. I further understand that if I am not the parent of the surviving child, I am required to provide evidence of a court document appointing me the guardian of the minor child's property. I understand that I am required to provide a copy of the surviving child's birth certificate.
- I certify that unless the surviving child identified on this Application is the only surviving child of the deceased member, I have identified all other surviving children of the member of whom I am aware on the Beneficiary Verification Form, which I have already returned to Pension Fund or am returning to Pension Fund with this Application.
- If I elected to have the Surviving Child Pension and/or Full Orphan 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 understand that if the member died while actively participating in the RCA or while receiving a disability benefit under the RCA, and if there is no surviving spouse, the surviving child may also be eligible for a Salary Continuation Death Benefit from the RCA. I further understand that if the member was actively participating in the RCA at his or her retirement date and was receiving a pension when he or she died, and if there is no surviving spouse, the surviving child may also be eligible for a Pensioner Death Benefit from the RCA. I understand that I should contact Pension Fund for more information on these benefits.

If the surviving child is 18 years old or older, this Application must be signed by the child.

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

If the surviving child is less than 18 years old, this Application must also be signed by the Parent/Legal Guardian and in so signing, the Parent/Legal Guardian is agreeing to the above certifications.

Parent/Guardian Signature _____ **Date** ____/____/____

Pension Fund of the Christian Church

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