



You may be eligible for certain benefits from the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") upon the death of the RCA member to whom you are married. For purposes of this Application, you are treated as a surviving spouse if you were legally married to (or in a common law relationship with) the RCA member. Complete this RCA Application for Surviving Spouse Pension in order to commence a Surviving Spouse Pension.

A Surviving Spouse Pension is an amount equal to 50% of the member's Age Retirement Pension. However, your Surviving Spouse Pension may be higher if the member elected to receive a reduced Age Retirement Pension in order for you to receive a 75% or 100% Surviving Spouse Pension, and the member had already commenced his or her Age Retirement Pension at the time of the member's death. Your Surviving Spouse Pension will also be increased by special apportionments that may be awarded from time to time by the Board of Trustees of the RCA.

If you married the member (or entered into a common law relationship) after the member retired and commenced his or her pension under the RCA, then the marriage must have taken place (or, with respect to a common law relationship, cohabitation must have commenced) at least 12 months prior to the member's death for you to be eligible to receive a Surviving Spouse Pension.

Your Surviving Spouse Pension will be paid monthly for your life commencing 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. The Surviving Spouse 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. SURVIVING SPOUSE INFORMATION

Spouse Name \_\_\_\_\_  
(first) (middle) (last/family name)

Social Insurance Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage to Member \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Citizenship \_\_\_\_\_

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

## II. ELECTIONS FOR PAYMENT OF DISTRIBUTION

I elect for my Surviving Spouse 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.

## III. SURVIVING SPOUSE 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 I am required to provide a copy of the death certificate of the member to Pension Fund. I further understand that, unless already on file with Pension Fund, I am required to provide with this Application a copy of my birth certificate and my marriage certificate or statutory declaration of common law union, as applicable, to Pension Fund, **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 certify that I have identified all 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. I understand that the

member's surviving children may also be entitled to survivor benefits under the RCA, and that I should contact Pension Fund for information on these benefits.

- If I elected to have the Surviving Spouse Pension 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 understand that if the member died while actively participating in the RCA or while receiving a disability benefit under the RCA, I 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, I 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.

Surviving Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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