



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Full Legal Name _____
(first) (middle) (last/family name)

Title Preference (check one): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Rev. ☐ Dr. ☐ Chap. ☐ None

Social Insurance Number _____ - _____ - _____ Date of Birth ____/____/____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

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

E-Mail Address _____

Canadian Citizen (check one): ☐ Yes ☐ No, citizen of _____

If Minister, check one: ☐ Ordained ☐ Commissioned/Licensed **IMPORTANT: Provide a copy of your current credentials with this Form.**

Date of ordination or first date of commission/license ____/____/____

II. EMPLOYMENT INFORMATION

Employer _____ Date of Employment ____/____/____
(enter "self-employed minister," if applicable)

Mailing Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

Contact Name _____

Phone Number (____) _____ E-Mail Address _____

Applicant's Position _____
(Minister, Associate Minister, Educator, Administrative Assistant, Health Care Professional, etc.)

III. FAMILY INFORMATION

Check Marital Status: ☐ Single ☐ Divorced ☐ Widow(er)

☐ Married/common law relationship; if checked, date of marriage or common law relationship ____/____/____

IMPORTANT: If you are married or in a common law relationship, please return a copy of your marriage certificate or statutory declaration of common law union with this Form. Your spouse is your automatic beneficiary under the RCA.

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

Spouse Date of Birth ____/____/____ Canadian Citizen (check one): ☐ Yes ☐ No, citizen of _____

Spouse's Gender: ☐ Male ☐ Female ☐ Non-Binary

Full Name, Date of Birth, Gender, and Social Insurance Number of applicant's **Natural Born Children** or **Legally Adopted Children** who are under age 21 only:

	Name (first, middle, last/family name)	Birthdate	Gender	Social Insurance Number
1		/ /		- -
2		/ /		- -
3		/ /		- -
4		/ /		- -
5		/ /		- -

If applicant does not have a spouse or any minor children, provide the name(s) of living parent(s):

First Living Parent Name _____
(first) (middle) (last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

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

Second Living Parent Name _____
(first) (middle) (last/family name)
Home Address _____
City _____ Province _____ Country _____ Postal Code _____
Social Insurance Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

IV. DUES INFORMATION

Current monthly compensation (for purposes of determining initial dues):

- a. Total cash salary per month paid to applicant by employer \$ _____ To determine monthly salary, divide annual salary by 12. If paid weekly, multiply by 52, then divide by 12.
- b. Housing allowance or fair rental value of housing \$ _____ If housing allowance is provided, add exact amount for month. If actual housing is provided, add the greater of monthly fair rental value or 25% of monthly cash salary.
- Total monthly Compensation Base on which dues will be paid** \$ _____ **NOTE:** This amount will change as your salary or allowances change over time. You and your employer are responsible for calculating the required amount of dues and notifying Pension Fund of any changes.

Full dues under the RCA must equal 14% of your Compensation Base. If you are a minister, full dues must be paid to the RCA. Please elect how the dues will be paid:

- ☐ Employer pays full dues equal to 14% of Compensation Base as an employer contribution.
- ☐ **Must total 14%.** Employer pays dues equal to _____% of Compensation Base as an employer contribution, and member pays dues equal to _____% of Compensation Base as an employee contribution.

Partial dues under the RCA must equal at least 6% of your Compensation Base. If you are not a minister, partial dues may be paid to the RCA. **Partial dues will result in a reduced pension. For example, partial dues of 6% will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.** Please elect how the dues will be paid:

- ☐ Employer pays dues equal to 6% of Compensation Base as an employer contribution.
- ☐ **Must total at least 6%.** Employer pays dues equal to _____% of Compensation Base as an employer contribution, and member pays dues equal to _____% of Compensation Base as an employee contribution.

IF YOU ARE REQUIRED BY THE TERMS OF YOUR EMPLOYMENT TO MAKE EMPLOYEE CONTRIBUTIONS TO THE RCA, THE CONTRIBUTIONS WILL BE TAX DEDUCTIBLE IF THE TOTAL AMOUNT OF EMPLOYEE CONTRIBUTIONS IS LESS THAN THE TOTAL AMOUNT OF EMPLOYER CONTRIBUTIONS MADE ON YOUR BEHALF. VOLUNTARY EMPLOYEE CONTRIBUTIONS ARE NOT TAX DEDUCTIBLE.

V. DESIGNATION OF BENEFICIARIES

Generally, the terms of the RCA govern how death benefits will be paid. However, in the event that you die without a surviving spouse in regards to the Pensioner Death Benefit, or without a surviving spouse or surviving children in regards to the Salary Continuation Benefit, these benefits will be paid to the beneficiary(ies) you designate on this Enrollment Form. **If you are currently married or have minor children, you are not required to complete this section.**

Designate the person, trust, or entity you choose to receive any benefits payable from the RCA in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

Failure to include a social insurance number and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>[not applicable if you are married]</i> The total percentage to all primary beneficiaries must equal 100%.	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %

Contingent Beneficiaries <i>[not applicable if you are married]</i> If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). The total percentage to all contingent beneficiaries must equal 100%.	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, province, postal code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____ / ____ / ____	_____ %

VI. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the RCA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the RCA.
- I understand that I can access the RCA Member Resource Book and other information regarding the RCA electronically at www.pensionfund.org, and that I can also request Pension Fund to mail me a copy of the RCA Member Resource Book.
- I certify that the information provided on this Enrollment Form is accurate. I have attached a copy of my birth certificate and, if I am married or have a common law spouse for purposes of the RCA, I have attached a copy of my marriage certificate or statutory declaration of common law union, as applicable.
- I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, **including changes in my Compensation Base, in how Dues will be paid, to my marital status, and to the status of my dependent children and my parents.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the RCA.
- I designate the person(s) or entity(ies) named in Section V of this Enrollment Form as beneficiaries for all benefits under the RCA that are not otherwise payable according to the terms of the RCA. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. I understand that my beneficiary designation on this Enrollment Form will remain in effect until I complete, sign, and submit an updated Beneficiary Designation Form to Pension Fund at a later date.

Applicant Signature _____ Date ____/____/____

VII. EMPLOYER CERTIFICATION AND SIGNATURE

I certify that I am authorized to sign this Enrollment Form on behalf of the Employer of the applicant. I certify that the applicant is eligible to participate in the RCA under the terms of the RCA.

I certify that the information provided in Section IV of this Form is accurate and that payment for the initial dues on behalf of the applicant, as provided in Section IV, is enclosed with this Form. I agree that I will timely notify Pension Fund of any changes to the information provided in Section IV, including the applicant's Compensation Base and how dues will be paid.

I further agree to notify Pension Fund immediately if the applicant terminates employment with the Employer.

Employee Participation Start Date ____/____/____

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

SEND FORM WITH INITIAL DUES AND RELATED FORMS, IF APPLICABLE, TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, Indiana 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Member Ref. No. _____ Enrollment Date ____/____/____ Initial Dues Remitted \$ _____

[Do not write in this box – for Pension Fund use only]