



Pension Fund  
of the Christian Church

## RCA BANK INFORMATION/ CHANGE OF PAYMENT DISTRIBUTION FORM

This is: ☐ an initial authorization ☐ a change to an existing authorization

Complete this RCA Bank Information/Change of Payment Distribution Form for the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") if you are applying for or receiving distributions from the RCA and (i) you want the distributions to be direct deposited with your bank or (ii) you want to change how those distributions are being paid to you.

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. MEMBER INFORMATION

Member Name \_\_\_\_\_ Social Insurance Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
(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 \_\_\_\_\_

### II. BENEFICIARY INFORMATION [IF APPLICABLE]

Name \_\_\_\_\_ Social Insurance Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
(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 \_\_\_\_\_

Relationship to Member \_\_\_\_\_

### III. PAYMENT OF DISTRIBUTIONS

This Form applies to the following pension or benefit under the RCA (check applicable box):

- ☐ Age Retirement ☐ Early Age Retirement ☐ Surviving Spouse ☐ Surviving Child ☐ Dependent Parent  
☐ Death Settlement ☐ Educational Benefit ☐ Salary Continuation ☐ Pensioner Death Benefit

Your distributions will be direct deposited to the following bank account. Complete the following information and attach a "void" cheque to this Form.

Name of Bank \_\_\_\_\_

Mailing Address of Bank Branch \_\_\_\_\_

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

Your Account Number \_\_\_\_\_ Branch Number \_\_\_\_\_

### IV. CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate, and that I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.
- I authorize the Trustee of the RCA to direct deposit my RCA distribution into the above identified account on my behalf. I have enclosed with this authorization a voided cheque or MICR encoding information. I understand that the cheque should be personalized (i.e., with the account holder's name written on the cheque), and that if a cheque is not available, I may submit a sample of the MICR encoding for my account obtained from my bank.
- I understand that I will only receive payments under the RCA in accordance with the terms of the RCA and following Pension Fund's receipt and approval of my application for pension or benefit payments.

- I understand that all payments due to me under the RCA will be made pursuant to this authorization as soon as administratively feasible following receipt of this completed Form, and that such authorization will remain in effect until I change my authorization in writing to Pension Fund.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If authorization is made on behalf of a surviving child under 18 years of age, this Form must be signed by the Parent/Legal Guardian and in so signing, the Parent/Legal Guardian is authorizing direct deposit of a Surviving Child Benefit to the above-identified account.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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