



Pension Fund  
of the Christian Church

## RCA BENEFICIARY DESIGNATION FORM

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

The beneficiary designations made on this Beneficiary Designation Form apply to the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA"). Generally, the terms of the RCA govern how death benefits will be paid. However, when the terms of the RCA direct death benefits be paid to your designated beneficiary (for example, in the event that you die without a surviving spouse, surviving children, or dependent parents), the Pensioner Death Benefit, the Salary Continuation Benefit, and the Death Settlement, as applicable, will be paid to the beneficiary(ies) you designate on this Form.

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. MEMBER INFORMATION

Member \_\_\_\_\_  
(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. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable 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.

**IMPORTANT:** If you are single and you do not elect a beneficiary or your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your estate. If you are married (or in a common law relationship) and you do not elect a beneficiary or if your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your surviving spouse. 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>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, province, postal code) Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____/____/____	____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, province, postal code) Primary Phone (____) _____ Relationship to Member/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 Member/Trustee Name _____	
Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____/____/____	

<b>Contingent Beneficiaries</b> 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). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	<b>Percentage of Benefit</b>
Individual or Trust Name _____ <small>(first, middle, last/family name)</small>	_____ %
Mailing Address _____ <small>(street, city, province, postal code)</small>	
Primary Phone (_____) _____ Relationship to Member/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 Member/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 Member/Trustee Name _____	
Social Insurance Number ____ - ____ - ____ Birth or Trust Date ____/____/____	

### III. MEMBER CERTIFICATION AND SIGNATURE

I designate the person(s) or entity(ies) named on this Beneficiary Designation Form as beneficiaries for the RCA. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. This Beneficiary Designation Form shall replace any prior beneficiary designation. I understand that this Beneficiary Designation Form shall not be effective until I have signed it and it has been received by Pension Fund, and only to the extent that my designation complies with all applicable law. Once in effect, I understand that this Beneficiary Designation Form will remain in effect until I complete, sign, and submit an updated Beneficiary Designation Form to Pension Fund at a later date and said Form is received by Pension Fund.

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

**IMPORTANT: PLEASE RETAIN A COPY OF THIS BENEFICIARY DESIGNATION FORM FOR YOUR RECORDS.**

**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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)