



Pension Fund
of the Christian Church

RCA BENEFICIARY VERIFICATION FORM

This Beneficiary Verification Form must be completed to authenticate your identity if you have been designated a beneficiary by a member with respect to benefits under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA"). Each beneficiary is required to complete a separate Form. Benefits cannot be processed or distributed until this Form is completed and returned. Pension Fund reserves the right to request additional information if needed to ensure benefits are paid in accordance with the terms of the governing documents and applicable law.

- PLEASE TYPE OR PRINT CLEARLY -

I. DECEASED MEMBER INFORMATION

Member _____
(first) (middle) (last/family name)
Home Address _____
City _____ Province _____ Country _____ Postal Code _____

II. BENEFICIARY INFORMATION

Individual or Trust Name _____
(first) (middle) (last/family name)
Mailing Address _____
City _____ Province _____ Country _____ Postal Code _____
Primary Phone Number (____) _____ Relationship to Deceased Member _____
Social Insurance Number _____-____-____ Business Number _____ Birth/Trust Date ____/____/____

If the beneficiary is a minor, provide the following information for the minor's parent or legal guardian:

Name _____ Social Insurance Number _____-____-____
(first, middle, last/family name)
Mailing Address _____
City _____ Province _____ Country _____ Postal Code _____
Primary Phone Number (____) _____ Relationship to Minor Child _____

If you are aware of any other beneficiaries, provide the following information:

Beneficiary Name _____ (first, middle, last/family name)	Social Insurance Number _____-____-____
Mailing Address _____	
City _____	Province _____ Country _____ Postal Code _____
Primary Phone Number (____) _____	Relationship to Member _____
Beneficiary Name _____ (first, middle, last/family name)	Social Insurance Number _____-____-____
Mailing Address _____	
City _____	Province _____ Country _____ Postal Code _____
Primary Phone Number (____) _____	Relationship to Member _____
Beneficiary Name _____ (first, middle, last/family name)	Social Insurance Number _____-____-____
Mailing Address _____	
City _____	Province _____ Country _____ Postal Code _____
Primary Phone Number (____) _____	Relationship to Member _____

III. BENEFICIARY/AUTHORIZED REPRESENTATIVE SIGNATURE

By signing below, I certify that I am the beneficiary identified above and that all information provided on this Form is true and accurate. If I am signing below as a trustee, I declare that the named trust is in full force and effect, that I am a current trustee of the named trust, and that I am acting within the scope of my authority under the named trust. If there are multiple trustees, I understand that all trustees must sign this Form unless I am authorized under the trust to act alone. I understand that death benefits will not be paid to me unless I provide a social insurance number or, if a trust or estate, a business number.

I understand that I must complete a Beneficiary Designation Form to designate beneficiaries to receive benefits payable under the RCA, if any, in the event of my death.

Signature _____ Date ____/____/____

Indicate the capacity in which you are signing this Form:

- ☐ Individual/self ☐ Sole Trustee ☐ Co-Trustee ☐ Executor/Executrix ☐ Personal Representative
☐ Custodian ☐ Administrator ☐ Other _____

Signature _____ Date ____/____/____

Indicate the capacity in which you are signing this Form:

- ☐ Co-Trustee ☐ Other _____

IMPORTANT – You must submit the following documents with this Form:

- A copy of the death certificate for the deceased member.
- A copy of an official identification document which bears your signature, such as a passport, driver's license, government issued identification card, or national identity card.
- A copy of the death certificate for any designated beneficiary that predeceased the member.
- The following documents must be submitted depending on the capacity in which you are executing this Form:
 - If you are a trustee, a copy of the fully executed trust document that clearly identifies all of the beneficiaries and trustees, and copies of the birth certificate for each beneficiary.
 - If you are an executor, personal representative, or administrator, a copy of the certificate of appointment of Estate Trustee With a Will or Without a Will.
 - If you are a surviving spouse, a copy of your birth certificate, marriage certificate or statutory declaration of common law union, as applicable, and, if the member was previously married, a copy of the divorce decree for all previous marriages.
 - If you are a surviving child, a copy of your birth certificate, adoption decree, paternity decree, or other official government records establishing the relationship.
 - If you are a surviving parent, a copy of your birth certificate, adoption decree, or other official government records establishing the relationship.
- If the beneficiary is a minor and you are executing this Form as the minor's custodian, a copy of the letters of guardianship or other court document appointing you the custodian of the minor child's property.
- If you are executing this Form on behalf of a beneficiary, a copy of the power of attorney papers granting you the power to claim benefits on behalf of the beneficiary.
- If a beneficiary's name has changed because of marriage or divorce, a copy of the marriage certificate or divorce decree, or if it has changed due to personal preference, a court document indicating the name change from the birth name to the requested name.

Pension Fund of the Christian Church

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