



Pension Fund  
of the Christian Church

## RCA CHANGE OF EMPLOYER/ ADDITION OF EMPLOYER FORM

This Change of Employer/Addition of Employer Form must be completed if you are already enrolled as a member in the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") through your employment with an employer, and you have either (i) changed employers and will continue to participate in the RCA through your new employer or (ii) added a second employer through which you will be participating in the RCA in addition to your current employer.

Check the applicable box: ☐ I am changing my employer  
☐ I am adding a second employer

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. MEMBER INFORMATION

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

☐ 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. FORMER OR CURRENT EMPLOYMENT INFORMATION

Complete this Section II with information regarding your **former employer** if you are changing employers or your **current employer** if you are adding a second employer.

Employer \_\_\_\_\_ Employment Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(complete if applicable)

Mailing Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### III. NEW/ADDITIONAL EMPLOYMENT INFORMATION

Complete this Section III with information regarding your **new employer** if you are changing employers or adding a second employer.

Employer \_\_\_\_\_ Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Member's Position \_\_\_\_\_  
(Minister, Associate Minister, Educator, Administrative Assistant, Health Care Professional, etc.)

### 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 for 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. MEMBER CERTIFICATION AND SIGNATURE

I certify that the information provided on this Change of Employer Form is accurate. **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 and how dues will be paid.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.

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

#### VI. NEW/ADDITIONAL EMPLOYER CERTIFICATION AND SIGNATURE

I certify that I am authorized to sign this Change of Employer/Addition of Employer Form on behalf of the Employer of the member. I certify that the member is eligible to participate in the RCA under the terms of the RCA.

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

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

Member Participation Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

**SEND FORM WITH INITIAL DUES PAYMENT 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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Dues Remitted \$ \_\_\_\_\_

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