



This Ministerial Member Options Form for RCA Membership must be completed if you are a minister who is enrolled as a member in the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA"), but you have had a severance from employment with your employer and are not employed by another employer who is eligible to participate in the RCA. If you have severed employment with your employer and are employed or will be employed by another employer eligible to participate in the RCA, complete the RCA Change of Employer/Addition of Employer Form instead of this form.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Member Ref. No. _____
(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. MEMBER OPTIONS

Please complete the applicable section below to inform Pension Fund as to the terms of your continued participation in the RCA, if any.

A. COMPLETE THIS SECTION IF YOU ARE BETWEEN MINISTERIAL CALLS.

I elect the following option for my RCA membership:

- ☐ I will pay no dues for up to three months or until I am employed by an employer eligible to participate in the RCA. *I understand that I will be eligible for death and disability benefits under the RCA for up to three months under this election. If dues are not paid by me or on my behalf thereafter, I understand that my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment in benefits under the RCA.*
- ☐ I will pay (check one) ☐ 14% full dues or ☐ 6% partial dues as an after-tax employee contribution on a Compensation Base of \$ _____. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.** *I understand that my Compensation Base for this purpose cannot be more than the Compensation Base in effect when I severed employment with my employer or less than \$125 a month. I understand that I cannot remit dues to the RCA under this option for a period of longer than five years from the date of my severance from employment.*

B. COMPLETE THIS SECTION IF YOU HAVE BEEN EMPLOYED BY A NOT-FOR-PROFIT ORGANIZATION AND ARE PERFORMING SERVICES FOR THAT ORGANIZATION IN THE EXERCISE OF YOUR MINISTRY.

Employer _____ Date of Employment ____/____/____

Mailing Address _____

City _____ Province _____ Country _____ Postal Code ____ - ____

Contact Name _____

Phone Number (____) _____ E-Mail Address _____

Member's Position _____

Total monthly Compensation Base on which dues will be paid is \$ _____. **IMPORTANT: Dues can be paid only on salary received by you for performing services in the exercise of your ministry.**

I elect the following option for my RCA membership:

- ☐ My employer will pay full dues equal to 14% of Compensation Base as an employer contribution.
- ☐ **Must total at least 6%.** My employer will pay dues equal to _____ % of Compensation Base as an employer contribution and I will pay dues equal to _____ % of Compensation Base as an employee contribution.
- ☐ I will pay (check one) ☐ full dues of 14% of Compensation Base or ☐ partial dues of 6% of Compensation Base as an employee contribution. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.**

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.

- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the RCA. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Board. I also understand that if I am again employed by an eligible employer, I may re-activate my membership in the RCA.*

C. COMPLETE THIS SECTION IF YOU ARE SELF-EMPLOYED AND PERFORMING SERVICES IN THE EXERCISE OF YOUR MINISTRY.

- ☐ I will pay (check one) ☐ full dues of 14% of Compensation Base or ☐ partial dues of 6% of Compensation Base as an employee contribution. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid. Dues can be paid only on your earned income for performing services in the exercise of your ministry as a self-employed minister.**
- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the RCA. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Board. I also understand that if I am again employed by an eligible employer, I may re-activate my membership in the RCA.*

D. COMPLETE THIS SECTION IF YOU ARE NO LONGER PERFORMING SERVICES IN THE EXERCISE OF YOUR MINISTRY.

- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the RCA. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Board. I also understand that if I return to ministerial service or am again employed by an eligible employer, I may re-activate my membership in the RCA.*

III. EMPLOYEE CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this 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 in how dues will be paid. I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that contributions can only be remitted to the RCA on income I receive from my employer or through my self-employment for performing services in the exercise of my ministry, and that I must have current ministerial credentials on file to continue my participation in the RCA under options A through C above.

Signature _____ Date ____/____/____

IV. EMPLOYER CERTIFICATION AND SIGNATURE [Complete if Option B is elected in Section II]

I certify that I am authorized to sign this Ministerial Member Options for RCA Membership 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 provided in Section II, option B of this Form is accurate and that payment for the initial dues on behalf of the member, as provided in Section II, is enclosed with this Form. I agree that I will timely notify Pension Fund of any changes to the information provided in Section II, including the member's Compensation Base and how dues will be paid. I further agree to notify Pension Fund immediately if the member severs employment with the Employer.

Member Participation Start Date ____/____/____

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

SEND FORM WITH INITIAL DUES PAYMENT 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

Enrollment Date ____/____/____ Initial Dues Remitted _____

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