



Pension Fund
of the Christian Church

RCA PAYMENT DISTRIBUTION FORM FOR DEATH BENEFITS

Complete this RCA Payment Distribution Form for Death Benefits to direct Pension Fund how you would like Pensioner Death Benefit and/or Salary Continuation Death Benefit that you are eligible to receive under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA") paid to you.

- PLEASE TYPE OR PRINT CLEARLY -

I. BENEFICIARY INFORMATION

Beneficiary Name _____ Social Insurance Number _____
(first) (middle) (last/family name)

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

Daytime Phone Number (_____) _____ Work Phone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address _____

Date of Birth ____/____/____ Citizenship _____

Deceased Member Name _____ Member Ref. No. _____
(first) (middle) (last/family name)

Relationship to Member _____

II. PAYMENT OF DISTRIBUTIONS

I elect for my pensioner death benefit, if applicable, to be paid as follows (*check one only*):

- ☐ **I elect for my pensioner death benefit to be direct deposited to my bank account.** Complete and enclose with this Form an RCA Bank Information/Change of Payment Distribution Form.
- ☐ **I elect for my pensioner death benefit to be paid to me by cheque.** Distributions will be mailed to my home address as set forth in Section I.

I elect for my salary continuation death benefit, if applicable, to be paid as follows (*check one only*):

- ☐ **I elect for my salary continuation death benefit to be direct deposited to my bank account.** Complete and enclose with this Form an RCA Bank Information/Change of Payment Distribution Form.
- ☐ **I elect for my salary continuation death benefit to be paid to me by cheque.** Distributions will be mailed to my home address as set forth in Section I.

III. CERTIFICATION AND SIGNATURE

By signing this Form, I certify that the information provided on this Form is accurate, and that I will timely notify Pension Fund of any changes to the information provided on this Form.

Signature _____ Date ____/____/____

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