



This Waiver of Benefits Form must be completed to waive your benefits under the Christian Church (Disciples of Christ) Retirement Compensation Arrangement for Canadian Members ("RCA")

**- 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. BENEFICIARY INFORMATION [COMPLETE ONLY IF MEMBER IS DECEASED AND YOU ARE WAIVING BENEFITS AS THE BENEFICIARY]

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 \_\_\_\_\_

Relationship to Deceased Member \_\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

### III. CERTIFICATION AND SIGNATURE

By signing this Waiver of Benefits, I make the following certifications:

- I acknowledge that I am entitled to benefits under the RCA, but I hereby irrevocably and permanently relinquish any and all rights, interest or claim to the payment of such benefits. I understand that to the extent that I relinquish my rights to such benefits, my benefits will be extinguished and/or my account will be closed, as applicable, and neither I nor any other person through me shall be entitled to any benefit under the plan or plans.
- I understand that Pension Fund does not provide any tax or legal advice and that I should consult with a tax or legal advisor as to the tax consequences of this waiver.
- Notwithstanding the above, I understand that to the extent that I waive my annuity benefits under the RCA, this waiver is revocable at any time and my benefit will be reinstated, prospectively only, upon my written request. I further understand that if I am a member, a waiver of my annuity benefits under the RCA ends upon my death and death benefits shall be paid to my spouse, surviving children, and/or dependent parents, to the extent applicable, as if no waiver had been made hereunder.
- I hereby agree to indemnify and hold harmless Pension Fund and its officers and employees for any liability resulting from any attempt by me or my heirs and assigns to make a claim for any benefits relinquished hereby.

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

PROVINCE OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing RCA Waiver of Benefits Form.

**Notary Public Signature** \_\_\_\_\_ **(SEAL)**

**My commission expires** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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