



In order to make a contribution to your account under the Benefit Accumulation Account ("BA account"), you must first have established a BA account by completing and returning a BAA Enrollment Form to Pension Fund.

- PLEASE TYPE OR PRINT CLEARLY -

I. BA ACCOUNT HOLDER INFORMATION

Account Holder Name _____ Account No. _____
(first) (middle) (last/family)

☐ *Check here if there has been a change to your contact information on file.*

Home Address _____ Member ID No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

II. CONTRIBUTION INFORMATION

Indicate contribution type below (*check one or more as applicable*):

☐ **Single Sum Contribution.** I am remitting an *after-tax* contribution amount to my BA account equal to \$ _____.

This contribution is being made by ☐ Check (*including checks sent by or through your bank*)
☐ Payroll deduction from my employer (*unless made by employer check, return Employer Authorization Agreement for One-Time Debit (ACH)*)
☐ One-time debit (ACH) from my bank account (*complete the bank information below*)

For future contributions, elect to make recurring contributions below.

☐ **Recurring Contributions.** Effective as soon as administratively practicable on or after _____, 20____, I authorize recurring *after-tax* contributions to be made to my BA account equal to \$ _____.

These contributions will be made by ☐ Payroll deduction from my employer (*unless made by employer check, return Employer Authorization Agreement for Recurring Debit (ACH)*)
☐ Automatic debit (ACH) from my bank account (*complete the bank information below*).
Recurring contributions will be debited on the (*check one only*) ☐ 1st ☐ 15th day of each month.

Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:

Name of Bank _____ Account Holder Name _____

Mailing Address of Bank _____ Phone Number (____) _____

City _____ State _____ Country _____ Zip Code _____ - _____

Account Number _____ Bank Routing/ABA Number _____ ☐ Checking ☐ Savings

III. ACCOUNT HOLDER CERTIFICATION AND SIGNATURE

By signing this Form, I assume complete responsibility for the tax consequences of all contributions and distributions.

Account Holder Signature _____ **Date** ____/____/____

SEND FORM(S) WITH CHECK OR BANK INFORMATION TO: Pension Fund of the Christian Church
P.O. Box 639905, Cincinnati, OH 45263-9905

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org