



Complete this *Distribution Election Form* to select the form of payment and commencement date to begin distribution of your account under the 457(b) Plan sponsored and maintained by your employer ("Employer") and administered by Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund"). In general, unless you timely designate a different form of payment and/or a different commencement date, all amounts payable to you under the Plan will be paid to you in accordance with the Default Distribution Date and Default Distribution Form designated by your Employer in the Plan document. This Form must be completed within 60 days of your severance from employment with your Employer, or the default distribution rules will apply.

SELECT:	YOU MUST COMPLETE:	YOUR EMPLOYER MUST COMPLETE:
<input type="checkbox"/> Initial Election as to Form of Payment and Commencement Date	Sections I, II, III, and V.	Section VI: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> One-Time Change to Form of Payment	Sections I, II, and V.	Section VI: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> One-Time Delay of Commencement Date	Sections I, IV, and V.	Section VI: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[OMIT OPTIONS NOT AVAILABLE ON AA.]

- PLEASE TYPE OR PRINT CLEARLY -

I. PARTICIPANT INFORMATION

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

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

Last four digits of Social Security No./ITIN _____ Date of Birth ____/____/____

II. ELECTION AS TO FORM OF PAYMENT

I elect for my account under the Plan to be paid as follows: **[INSERT DISTRIBUTION OPTION(S) CHECKED ON AA § IV.5]**

☐ In a single lump sum payment.

☐ In annual installment payments over a period of _____ years (*must be at least 2 years and no more than _____ years*). **[IN PARENTHETICAL, INSERT MAXIMUM FROM AA § IV.5(b)]**

☐ In annual payments equal to the minimum distributions required under Internal Revenue Code Section 457(d)(2) (*if you select this option, payments cannot begin before the calendar year in which you reach age 72, or if later, the calendar year of your severance from employment*).

Your distribution(s) will be direct deposited by ACH into your bank account on record with Pension Fund. If you do not have a bank account on record, complete the following information and attach a "void" check to this Application:

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____

Your Account Number _____ Bank Routing Number _____ ☐ Checking ☐ Savings

III. INITIAL ELECTION AS TO COMMENCEMENT DATE

I elect for the payment of my account under the Plan to begin as soon as administratively practicable following: **[OMIT THIS SECTION IF AA § IV.1(b) IS CHECKED. REMOVE OPTIONS THAT NECESSARILY OCCUR BEFORE THE DEFAULT DISTRIBUTION DATE UNDER AA § IV.3]**

- ☐ 90 days after my severance from employment with the Employer.
- ☐ The February 1 following the end of the calendar year of my severance from employment with the Employer.
- ☐ The date on which I attain the age of _____ (no earlier than the Default Distribution Date, and no later than age 72).
- ☐ The following date: _____ (no earlier than the Default Distribution Date, and no later than the April 1 following the calendar year in which you reach age 72, or if later, the April 1 following the calendar year of your severance from employment with the Employer).

IV. ONE-TIME ELECTION TO DELAY COMMENCEMENT DATE

[OMIT THIS SECTION IF AA § IV.2(b) IS CHECKED]

I elect to delay the commencement date of my distribution under the Plan to the date as soon as administratively practicable following:

- ☐ Age 65.
- ☐ The date on which I attain the age of _____ (no later than age 72).
- ☐ The following date: _____ (no later than the April 1 following the calendar year in which you reach age 72).

You may only elect to postpone the date you initially elected your distributions to begin under the Plan. You may not elect to accelerate the payment date set forth in your initial election.

V. PARTICIPANT CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I understand that to be eligible for a distribution, I must have had a severance from employment with my Employer.
- I understand that I am required to provide proof of my age with **a copy of my birth certificate, passport, driver's license, or state issued identification card with this Form.**
- I agree to be bound by all terms of the Plan that govern my distribution option, as in effect at the time my distribution is processed.
- I understand that the personal information provided on this Form will be used by Pension Fund to process my elections and to provide participant services to me under the Plan.
- I understand that Pension Fund will process my distribution request only if I am a participant presently entitled to receive a distribution under the Plan.
- 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.
- I understand that I must complete a Form W-4 and return it with this Form and that if I fail to do so, Pension Fund will withhold on my distribution as if I am single with no allowances. I further understand that I must complete a state tax withholding certificate for my state of residence, and that if I live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount.

Applicant Signature _____ **Date** ____/____/____

VI. EMPLOYER CERTIFICATION AND SIGNATURE

I, an authorized representative of the Employer, certify that the participant has had a severance from employment.

Employer Representative Signature _____ **Date** ____/____/____

Printed Name _____

VII. PENSION FUND AUTHORIZATION

The former employer has confirmed that the participant severed employment on ____/____/____.

Pension Fund Representative Signature _____ **Date** ____/____/____

Printed Name _____

Pension Fund of the Christian Church

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