



Complete this *In-Service Distribution Election Form* if you are or will attain age 70 ½ during the calendar year in order to elect an in-service distribution from 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").

- 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)]**

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. PARTICIPANT CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- 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** ____/____/____

Pension Fund of the Christian Church

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