



## BAA APPLICATION FOR DISTRIBUTION

Complete this *BAA Application for Distribution* if you want to request a distribution from the Benefit Accumulation Account ("BAA") and you are the account holder. If you are a spouse beneficiary of a BAA, complete the *Spouse Beneficiary Application for BAA Distribution*.

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. ACCOUNT HOLDER INFORMATION

Account Holder Name \_\_\_\_\_ Account No. \_\_\_\_\_  
(first) (middle) (last/family name)

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

Home Address \_\_\_\_\_ Member Ref. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Last four digits of Social Security No./ITIN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### II. AMOUNT OF DISTRIBUTION

I request the following distribution (*check one only*):

- ☐ \$ \_\_\_\_\_ of my BAA as a one-time partial distribution.
- ☐ \$ \_\_\_\_\_ of my BAA as a recurring monthly distribution.
- ☐ 100% of my BAA. ***If checked, your BAA will be closed.***

I understand that I may request two withdrawals a month without charge, and that I will be charged \$20 for each subsequent withdrawal that month. I understand that I must maintain a minimum BAA balance of \$25 and that if my BAA balance falls below \$25, the remaining amount in my BAA will be distributed to me and my BAA will be closed.

### III. PAYMENT OF DISTRIBUTION

**Your distributions will be direct deposited by ACH into your bank account on record with Pension Fund,** unless you elect for a one-time distribution to be sent to you by check or transfer to another BAA. *You must be an owner of the bank account to which distributions are direct deposited. 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

**You may request a wire transfer if you need your distribution the same day. *There is a \$35.00 wire service fee and your bank may charge an additional fee.***

- ☐ **If I have elected a one-time distribution or a distribution of 100% of my BAA, I elect for my distribution to be made to me by check.** The distribution will be mailed to my home address provided in Section I.
- ☐ **I direct Pension Fund to directly transfer the distribution to BAA No. \_\_\_\_\_.**

#### IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the information provided on this Application is accurate.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my request and to provide services to me under the BAA.
- I understand that Pension Fund will process my distribution request only if I am an account holder presently entitled to receive a distribution under the BAA.
- If the amount of the distribution being requested exceeds \$50,000, I understand that the distribution may be subject to additional rules established by Pension Fund to ensure orderly liquidation of investments.

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

**Pension Fund of the Christian Church**

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