Pension Fund of the Christian Church

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 _____

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

☐ **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 if I elect a distribution of 100% of my BAA, my BAA will be closed.

- 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** _____/_____/_____

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