



CHANGE OF PAYMENT DISTRIBUTION FORM INTERNATIONAL (NON-U.S.)

Complete this *Change of Payment Distribution Form* if you are receiving installment or annuity payments under (i) the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan"), (ii) the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"), or (iii) a Traditional IRA or Roth IRA maintained with Pension Fund ("Pension Fund IRA"), and you want to change how those distributions are being paid to you. Your election will apply to ALL recurring monthly payments made to you under the Pension Plan, TDRA, and your Pension Fund IRA(s), as directed below.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER OR BENEFICIARY INFORMATION

Name _____ Member Ref. 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 _____

II. PAYMENT OF DISTRIBUTIONS

I elect for my distributions to be paid as follows (*check either or both*):

☐ Transfer the following recurring distributions to my BA Account No. _____:

Check	Plan Name	Account Number(s)	Amount (<i>check one only</i>)
☐	Pension Plan Retirement Pension		\$ _____ per month
☐	Pension Plan Spouse/Partner Pension		\$ _____ per month
☐	TDRA		\$ _____ per month
☐	Traditional IRA		\$ _____ per month
☐	Roth IRA		\$ _____ per month

☐ Direct deposit all recurring distributions made to me under the Pension Plan, TDRA, and my Pension Fund IRA(s), as applicable, less the amount(s) that I elect to be transferred to my BA Account above, by wire to my bank. **YOU MUST PROVIDE WIRE INSTRUCTIONS FROM THE BANK ON BANK LETTERHEAD THAT INCLUDES (I) THE RECIPIENT'S FULL NAME, ADDRESS, AND ACCOUNT NUMBER AND (II) THE RECEIVING BANK'S NAME, ADDRESS, AND BANK IDENTIFICATION NUMBER, SUCH AS SWIFT CODE, BIC, OR NATIONAL ID.**

Complete the following information:

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Your Account Number _____

Swift Code _____ This is the international routing number you need to obtain from your bank.

III. CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate, and that I will timely notify Pension Fund of any changes to the information provided on this Form.

- I understand that the change that I have requested on this Form will be processed as soon as administratively practicable upon receipt by Pension Fund and will apply to all monthly recurring distributions that I receive under the Pension Plan, TDRA, or a Pension Fund IRA.
- I understand that I must complete a Form W-4P if I want to change my federal tax withholding.
- **I understand that all documents required to be attached to this Form can be uploaded to the member portal.**

Signature _____ Date ____/____/____

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

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

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