



Complete this *Traditional IRA Application for Distribution/Transfer* if you want to request any of the following:

- A distribution from your Traditional IRA paid directly to you,
- A distribution from your Traditional IRA paid directly to an accepting employer plan, or
- A transfer from your Traditional IRA to another IRA (including to a Roth IRA).

Do not complete this Application for any of the following:

- If you are required by law to begin taking minimum distributions from your IRA and want to satisfy those rules by taking the required minimum distribution only, instead complete the *Traditional IRA Application for Required Minimum Distributions*.
- If you want to consolidate two or more Pension Fund Traditional IRAs that you hold in your name, or if you want to consolidate two or more Pension Fund Traditional IRAs that you inherited from the same person, instead complete the *Pension Fund IRA Consolidation Form*.
- If you are a beneficiary of an IRA owner, instead complete the *Beneficiary Application for IRA Distributions*.

**- PLEASE TYPE OR PRINT CLEARLY -**

## I. IRA OWNER INFORMATION

IRA Owner 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. REASON FOR DISTRIBUTION [NOT APPLICABLE TO TRANSFERS TO ANOTHER IRA]

Please select which category below applies with respect to your requested distribution (*check one only*):

- ☐ Age 59½ or older
- ☐ Disability (as defined in the DCRA) on \_\_\_\_/\_\_\_\_/\_\_\_\_ [*certification of disability required*]
- ☐ Transfer incident to divorce [*letter of instruction to divide IRA incident to divorce required*]
- ☐ Other – early distribution [*see below*]

**Early Distribution Tax Penalty.** Unless you transfer (roll over) the distribution within 60 days of receipt to another IRA or eligible retirement plan under Section VI, you must generally pay a 10% penalty tax on the portion of your distribution that you have to include in taxable income. This penalty tax is not applicable if the distribution meets one of the following exceptions:

- is made after you are at least 59½ years old
- is made in the form of an annuity
- is made after you become disabled
- is made to you as the beneficiary of the deceased IRA owner
- is for a first time home purchase (up to a \$10,000 lifetime limit)
- is for medical expenses in excess of 10% of your adjusted gross income
- is for qualified higher education expenses
- is for medical insurance premiums while you are unemployed
- is a qualified reservist distribution
- is a qualified birth or adoption distribution (up to \$5,000 per birth or adoption)
- is a qualified disaster recovery distribution (up to \$22,000)
- is made to you when you have a terminal illness

- is a domestic abuse victim distribution (up to \$10,000)
- is an emergency personal expense distribution (up to \$1,000)

### III. AMOUNT AND FORM OF DISTRIBUTION

I elect for all or a portion of my IRA to be distributed in the following form of payment (*check one only*):

- ☐ Monthly installment payments in the amount of \$\_\_\_\_\_ to be distributed until the IRA account is exhausted. Payment will be made on the first day of each month. *This payment form is not available if you want to directly transfer distributions to another IRA.*
- ☐ \_\_\_\_\_ % of the IRA account.
- ☐ \$\_\_\_\_\_ from the IRA account.

I understand that my election is irrevocable with respect to any distribution once it is paid. I further understand that my election for installment payments will remain in effect unless I complete a new Application or revoke this election.

### IV. FEDERAL AND STATE INCOME TAX WITHHOLDING RULES

**Federal Withholding.** Pension Fund will withhold 10% from the amount of the distribution paid to you or transferred to a Roth IRA [*no withholding applies to transfers to another traditional IRA or direct payments to an accepting employer plan*].

You may elect to change your default withholding rates (within IRS limits) by completing a **Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**. To access this form, see [www.pensionfund.org](http://www.pensionfund.org). For installment payments, your election will remain in effect until you submit a new Form W-4R making a new election. You may submit a new Form W-4R at any time, and it will be effective the first day of the next month that falls at least 30 days after the completed Form W-4R is received by Pension Fund.

**State Withholding.** Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. For more information regarding the withholding requirements of your state of residence, see [www.pensionfund.org](http://www.pensionfund.org).

Indicate your state of tax residence (if different than your home address in Section I)\_\_\_\_\_.

### V. ELECTIONS FOR PAYMENT OF DISTRIBUTION/TRANSFER

The amount elected under Section III is eligible for direct payment to an accepting employer plan or transfer to another IRA, as applicable, subject to the following limitations:

- Any amount required to satisfy the required minimum distribution (RMD) rules is not eligible for transfer to an IRA or an employer plan, whether by direct payment or 60-day rollover.
- Nondeductible contributions are not eligible for transfer to an employer plan, whether by direct payment or 60-day rollover.

If you elect a cash payment, you may still transfer (roll over) your distribution to an accepting employer plan or IRA within 60 days of receipt of your distribution.

I understand that my election is irrevocable after the date as of which a distribution is made (*check one only*):

- ☐ **Cash payment.** I elect to have the distribution(s) paid to me directly.
- ☐ **Transfer or direct payment.** I elect to have the distribution paid in a direct transfer to the IRA or a direct payment to the accepting employer plan specified below (*must be at least \$200; not available if you have elected monthly installment payments*).

For transfers to an IRA, the recipient IRA is a ☐ traditional IRA **or** ☐ Roth IRA.

- ☐ **Partial cash payment/partial transfer or direct payment.** I elect to have \$\_\_\_\_\_ or \_\_\_\_\_ % of the distribution paid to me directly and the remaining portion of the distribution paid in a

direct transfer to the IRA or direct payment to the accepting employer plan specified below (*must be at least \$500; not available if you have elected monthly installment payments*).

For partial transfers to an IRA, the recipient IRA is a ☐ traditional IRA **or** ☐ Roth IRA.

**TRANSFER/DIRECT PAYMENT.** If you have elected a transfer or direct payment, please complete the following information [attach to this Application the recipient institution's forms required to complete this transfer]:

Name of Recipient IRA/Plan \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Trustee/Custodian/Administrator \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Mailing Address of Trustee/Custodian/Administrator \_\_\_\_\_

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

Make check to Trustee/Custodian/Administrator payable to: \_\_\_\_\_

**CASH PAYMENT.** If you have elected a cash payment, it will be direct deposited by ACH into your bank account on record with Pension Fund, unless you elect for the distribution to be sent to you by check. *You must be an owner of the bank account to which distributions are direct deposited. Pension Fund cannot remit payments to a third party such as a title company, or to accounts held in another person's name. 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 \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Your Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_ ☐ Checking ☐ Savings

☐ I elect for my distribution to be made to me by check. The distribution will be mailed to my home address as provided in Section I.

## VI. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that Pension Fund will process my distribution/transfer request only if I am an IRA owner presently entitled to receive a distribution.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide services to me under the DCRA.
- I understand that if I am requesting a distribution before I attain age 59½, I may be subject to a 10% early withdrawal penalty unless an exception applies. I assume complete responsibility for any taxable consequences of this distribution request.
- If I have elected a transfer in whole or part, I certify that the recipient IRA identified above is a traditional or Roth individual retirement account or annuity under Code Section 408 or 408A, and that said IRA will accept the transfer amount on my behalf.
- If I have elected a direct payment in whole or part, I certify that the recipient employer plan identified above is a qualified 401(a) plan (including a 401(k) plan), 403(b) plan, or governmental 457(b) plan, and that said plan will accept the direct payment amount as a rollover on my behalf. I understand that the direct payment cannot include nondeductible amounts.
- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.

Applicant 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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)