



Complete this BAA Enrollment Form in order to open an account ("BA account") under the Benefit Accumulation Account ("BAA"). You may open an account if you are a U.S. resident who is:

- A member of the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") or the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA");
- An owner of a Traditional IRA or Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ);
- A spouse of a member or IRA owner; or
- A surviving spouse who is the member's beneficiary under the Pension Plan or TDRA.

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
☐ Mx. ☐ Rev. ☐ Dr. (first) (middle) (last/family)

Applicant is a (check all that apply): ☐ Member ☐ IRA owner ☐ Spouse of member/IRA owner ☐ Surviving spouse of member/IRA owner

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: ☐ Male ☐ Female ☐ Non-Binary

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: ☐ U.S. ☐ Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Complete the following if applicant is a spouse or surviving spouse of a member or IRA owner:

Name of Member/IRA Owner _____
(first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____

II. CONTRIBUTION INFORMATION

There is a minimum \$25 initial deposit required. Indicate contribution type below (check one or more as applicable):

☐ **Required Minimum Distributions.** I authorize the required minimum distributions from my (check all applicable) ☐ TDRA account ☐ Traditional IRA with Pension Fund to be made to my BA account. **Note:** Required minimum distributions will be taxed to you before deposit in a BA account and you must also complete the applicable TDRA or IRA distribution form requesting required minimum distributions.

☐ **Pension Plan Distributions.** I authorize an amount equal to \$_____ of my monthly Pension Plan payments to be made to my BA account. **Note:** Pension Plan payments will be taxed to you before deposit in your BA account and you must also complete the Pension Plan distribution form requesting your pension benefits to begin.

☐ **Salary Continuation Death Benefit (for surviving spouse only).** I authorize my salary continuation death benefit from the Pension Plan to be made to my BA account.

☐ **Single Sum Contribution.** I am remitting an initial after-tax contribution amount to my BA account equal to \$_____.

This contribution is being made by ☐ check (including checks sent by or through your bank)
☐ payroll deduction from my employer (unless made by employer check, complete Employer Authorization Agreement for One-Time Debit (ACH))
☐ one-time debit (ACH) from my bank account (complete the bank information below)

For future contributions, complete the BAA Contribution Form or log in to your Pension Fund Member Portal to set up and manage your recurring contributions once your account is established.

Complete below if you elect a one-time bank debit and attach a "void" check to this Form:

Name of Bank _____ Account Holder Name _____

Mailing Address of Bank _____ Phone Number (____) _____

City _____ State _____ Country _____ Zip Code _____ - _____
 Account Number _____ Bank Routing/ABA Number _____ ☐ Checking ☐ Savings

III. BACKUP WITHHOLDING

I certify that (*check one only*):

- ☐ I am not subject to backup withholding because I am exempt from backup withholding, or I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- ☐ I have been notified by the IRS that I am currently subject to backup withholding because I failed to report all interest and dividends on my tax return.

IV. DESIGNATION OF BENEFICIARIES

Designate the person, trust, or entity you choose to receive any benefits payable from your BA account in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this BAA Enrollment Form fail to survive you, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %
Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this BAA Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the BAA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the BAA.
- I understand that I can access the BAA Plan and Account Holder Resource Book and other information regarding the BAA electronically at www.pensionfund.org, and that I can also request that Pension Fund mail me a copy of the BAA Plan and Account Holder Resource Book.
- I certify that the information provided on this BAA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will notify Pension Fund in a timely manner of any changes to the information provided on this Form.**
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide services to me under the BAA.
- I understand that my required minimum distributions from the TDRA and/or Traditional IRA and my pension payments from the Pension Plan, if applicable, are taxable distributions from the TDRA, Traditional IRA and/or Pension Plan. I further understand that the interest I earn on my BA account is taxable in the year in which it is earned. I understand that I am responsible for the tax consequences of any contributions or distributions.
- If applicable, I hereby authorize my bank to debit the bank account identified above and authorize Pension Fund to accept these deposits. These debits and deposits are to be made under the Rules of the Automated Clearing House (ACH).
- I designate the person(s) or entity(ies) named in Section IV of this Form as beneficiaries for my BA account. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse, to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my BA account. I further agree that if I am not currently married but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.
- I understand that Pension Fund and the BAA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940, and state securities laws. BA account holders are not afforded the protection of those laws with respect to their interest in the BAA.

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH CHECK TO: **Pension Fund of the Christian Church**
P.O. Box 639905, Cincinnati, OH 45263-9905

SEND FORM(S) WITH BANK INFORMATION TO: **Pension Fund of the Christian Church**
P.O. Box 639905, Cincinnati, OH 45263-9905

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

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

Ba Account Number _____ Enrollment Date ____/____/____ Initial Contribution \$ _____

[Do not write in this box – for Pension Fund use only]