



Complete this *Application for Pension Fund IRA Consolidation* to consolidate two or more Traditional IRAs and/or two or more Roth IRAs that you already maintain with Pension Fund. You must be either (i) the owner of all IRAs that you are consolidating or (ii) the beneficiary of all inherited IRAs that you are consolidating from the same deceased IRA owner. If you maintain both your own IRAs and inherited IRAs with Pension Fund, complete a separate Application to consolidate each type. You cannot use this Application to convert a Traditional IRA to a Roth IRA. Instead, complete the *Application for Pension Fund IRA Conversion*.

**NOTE:** You cannot use this Application to consolidate Roth IRAs that are currently subject to a 5-year holding period in connection with a previous IRA conversion (i.e., the conversion was made within the last five years).

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. IRA OWNER INFORMATION**

IRA Owner Name \_\_\_\_\_  
(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 \_\_\_\_\_ - \_\_\_\_\_

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

**II. BENEFICIARY INFORMATION – COMPLETE FOR INHERITED IRA CONSOLIDATION ONLY**

Original Owner Name \_\_\_\_\_  
(first) (middle) (last/family name)

Individual/Trust Beneficiary Name \_\_\_\_\_  
(first) (middle) (last/family name)

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

Mailing Address \_\_\_\_\_

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

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

**If the beneficiary is a minor, provide the following information for the minor's parent or legal guardian:**

Name \_\_\_\_\_ Last four digits of Social Security No./ITIN \_\_\_\_ \_  
(first, middle, last/family name)

Mailing Address \_\_\_\_\_

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

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

Relationship to Minor Child \_\_\_\_\_

### III. IRA CONSOLIDATION

When you consolidate your Pension Fund IRAs (including inherited IRAs from the same IRA owner), Pension Fund will transfer the assets in your transferring IRA(s) to your surviving IRA. You must indicate below the IRAs you wish to consolidate and the IRA that will be the "surviving" IRA.

**NOTE:** You may only consolidate Roth IRAs if they are not currently subject to a 5-year holding period in connection with a previous IRA conversion. If any of your Roth IRA accounts are under the 5-year holding period, you must wait until the holding period is met before requesting their consolidation.

**I elect to consolidate the following Traditional IRAs:**

- ☐ All Traditional IRA accounts
- ☐ The following Traditional IRAs:
- no. \_\_\_\_\_
- no. \_\_\_\_\_
- no. \_\_\_\_\_

**The surviving Traditional IRA shall be:**

no. \_\_\_\_\_

**I elect to consolidate the following Roth IRAs:**

- ☐ All Roth IRA accounts
- ☐ The following Roth IRAs:
- no. \_\_\_\_\_
- no. \_\_\_\_\_
- no. \_\_\_\_\_

**The surviving Roth IRA shall be:**

no. \_\_\_\_\_

### IV. NOTICE TO REVIEW BENEFICIARY DESIGNATIONS

**Consolidation of your IRAs will impact your current beneficiary designations.** To ensure that your IRA assets pass according to your wishes, you are encouraged to review your current beneficiary designation for your surviving IRA and complete a new *Beneficiary Designation Form* if necessary.

**IMPORTANT:** If you do not make a new beneficiary designation, Pension Fund will apply the current beneficiary designation associated with your surviving IRA account number to your entire consolidated IRA.

### V. IRA OWNER 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, as a result of the consolidation of my Pension Fund IRAs identified in Section III, all future account statements and distributions from such IRAs will be made from a single "surviving" IRA identified in Section III. I further understand that consolidated IRAs other than the "surviving" IRA will be closed.
- I understand that if I am consolidating my Traditional IRAs, I continue to be responsible for determining and tracking the cost basis in my surviving IRA.
- I understand that the beneficiary designations in effect for my surviving IRA will apply to all Pension Fund IRAs that are consolidated in Section III, and it is my responsibility to review my beneficiary designations and make any desired changes by submitting a new *Beneficiary Designation Form*. To the extent that I have not made a beneficiary designation under my surviving IRA, or if the beneficiaries I have designated fail to survive me, I understand that my benefits under my surviving IRA will be paid to my spouse, or if none, to my estate.

**IRA Owner/Beneficiary Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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