



Complete this *TDRA Enrollment Form* to begin participation in the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA").

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

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

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

Check Marital Status: ☐ Single ☐ Married Spouse's Birth Date ____/____/____ Spouse's Gender: ☐ Male ☐ Female ☐ Non-Binary

Spouse Name _____ Social Security No./ITIN _____
 (first) (middle) (last/family)

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.*

If Minister, check one: ☐ Ordained ☐ Commissioned ☐ Licensed Date of ordination/commission/license ____/____/____

Employer _____ City _____ State _____

Employer Contact _____

II. CONTRIBUTION INFORMATION

The contribution or contributions that will be remitted on behalf of the applicant in order to enroll in the TDRA reflects the following (check one or more as applicable):

- ☐ Pre-tax or Roth (after-tax) salary reduction contributions. You must also complete Section III or complete and return a separate salary reduction form provided by your employer.
- ☐ Employer contributions equal to \$ _____ or _____%. Employer contributions must be permitted under your employer's Participation Agreement with Pension Fund.
- ☐ A rollover contribution from an IRA or eligible retirement plan. You must also complete and return an Application for Rollover Contribution to TDRA.
- ☐ A tax-free transfer from another provider under your employer's 403(b) plan. You must also complete and return an Application for Contract Exchange/Plan-to-Plan Transfer to TDRA.

III. SALARY REDUCTION CONTRIBUTIONS

Salary reduction contributions to the TDRA are voluntary. To make salary reduction contributions to the TDRA, (i) complete this Section III and (ii) **complete and submit a Salary Contribution Agreement to your employer.** **IN THE EVENT OF A CONFLICT BETWEEN YOUR EXECUTED SALARY CONTRIBUTION AGREEMENT AND THIS SECTION III, THE SALARY CONTRIBUTION AGREEMENT WILL CONTROL.**

I wish to reduce my salary on a *pre-tax* and/or *Roth (after-tax)* basis by the following whole dollar amount or percentage, and to contribute this amount to the TDRA:

Pre-Tax	\$ _____	or	_____ %	per pay period
Roth (After-Tax)	\$ _____	or	_____ %	per pay period
TOTAL	\$ _____		_____ %	per pay period

IMPORTANT: Notwithstanding your election, beginning in 2026 if your FICA wages for the prior year exceed the wage limit under Code Section 414(v)(7)(A), you may be deemed to have elected your age 50 catch-up contributions be made as Roth.

I understand that my total salary reduction contributions (pre-tax plus Roth 403(b) contributions) for a calendar year cannot exceed the applicable Internal Revenue Service limits. See www.pensionfund.org for information on these limits.

IV. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable under the TDRA 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 Enrollment Form fail to survive you, your benefits will be paid to your spouse, or if none, 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 _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
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 _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %

V. APPLICANT CERTIFICATION AND SIGNATURE

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

- I agree to be bound by all terms of the TDRA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the TDRA.
- I understand that I can access the TDRA Member Resource Book and other information regarding the TDRA electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the TDRA Member Resource Book.
- I certify that the information provided on this TDRA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund 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 member services to me under the TDRA.
- I understand that I must complete and submit a *Salary Contribution Agreement* to my employer to elect to make salary reduction contributions to the TDRA, and that any such election applies only with respect to salary paid or made available to me after I become a member in the TDRA, and is legally binding and irrevocable with respect to amounts paid or made available to me while it remains in effect. I understand that such election will continue in effect from year to year unless I change or terminate it, and that in the event of any conflict between the election stated in Section III and an executed *Salary Contribution Agreement*, the *Salary Contribution Agreement* will govern. I understand that I may prospectively change my election at any time by completing and submitting a *Salary Contribution Agreement* to my employer which reflects that change. I further understand that I may terminate my election at any time by notifying my employer in writing.
- I designate the person(s) or entity(ies) named in Section III of this Form as beneficiaries for my TDRA 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 TDRA 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.
- If I am a minister, I have attached a copy of my current ministerial credentials.
- I understand that Pension Fund and the TDRA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the TDRA.

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH ATTACHMENTS 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

Account No. _____ Member ID No. _____ Enrollment Date ____/____/____

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